



HAMILTON COUNTY SHERIFF'S OFFICE

Version #: 5

Title: Ch. 41.2.07 Handling of Mentally Ill

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Approver(s): Austin Garrett (Sheriff)	Date Approved: 11/10/2017

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CALEA Standards: 41.2.7
ACA Standards:
NCCHC Standards:

CHAPTER 41: SECTION: 41.2.7

PATROL OPERATIONS HANDLING OF THE MENTALLY ILL

41.2.7 HANDLING OF THE MENTALLY ILL

INTRODUCTION:

It is not unusual for a deputy to come into contact with a person who apparently suffers from either chronic or acute psychiatric or emotional disorders commonly called "mental illness". **Note: many guidelines and procedures in this standard may be considered the "Gold Standard" for dealing with people with mental illness; however Officer Safety is primary and your reactions to safety issues should be dictated by the totality of the circumstances and how a reasonable deputy would react. Factors which may present a threat to your safety should not necessarily be determined by causation. Example: "If someone is coming at you with a knife" whether mentally ill or violent felon, the threat factors do not change in regards to what is causing the specific act of violence.**

A. GUIDELINES AND PROCEDURES

Agency policy in regard to the mentally ill consists of three basic principles:

1. Standing alone, mental illness signifies nothing and permits no special law enforcement response. A person with mental illness has a perfect right to be left alone as long as he does not violate any law or pose a risk of harm to himself or others.



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2. No person is to be taken involuntarily into custody by reason of mental illness alone, but rather is to be taken into custody only if such person has also committed violation of the law or has demonstrated by acts, either observed by a deputy or reliable others, that he immediately threatens the lives or safety of others or himself as prescribed by statute.
3. No one is to be treated as being mentally ill unless a compelling necessity exists. The interest which the first two principles protects is the basic right to be left alone until a criminal act has been committed, others are threatened with harm, or one's own life is in mortal danger as prescribed under TCA 33-6-501. The third principle also recognizes that the label of "mentally ill" carries with it a stigma which to many is equal to or greater than the stigma of a criminal conviction. Thus, the deputy must exercise extreme care in determining that a person is mentally ill and must conform to the procedures set out below.

Because of the stigma described above concerning the label "mentally ill," the Hamilton County Sheriff's Office has chosen to adopt the term "**consumer**" to describe a person using or in need of mental health services.

Signs or symptoms which may indicate the presence of Mental Illness:

<41.2.7(a)>

- Loss of memory/disorientation
- Delusions - These are false beliefs that are not based in reality. The individual will often focus on persecution or grandeur (e.g. he/she is God or is the target of a government conspiracy)
- Depression – a condition of general emotional dejection and withdrawal; sadness greater and more prolonged than that warranted by any objective reason.
- Hallucinations – sensory experiences that do not exist outside of the mind.



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- 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 thoughts / ideas, disconnected ideas and/or thoughts
- Response - may process information more slowly

B. GENERAL APPROACH. (41.2.7 (c))>

Deputies often must take extra time and demonstrate patience when dealing with a consumer. It may not be immediately obvious a consumer is in crisis. When dealing with a person with delusional thoughts for example, it may take several minutes of conversation before the consumer divulges he / she is terrified of something that clearly is not realistic. A depressed consumer may not be willing to divulge suicidal ideations until the deputy builds a rapport with him / her and the consumer trusts the deputy actually wants to help. When deputies recognize they are potentially dealing with a consumer, the deputy should consider applying some of the following de-escalation techniques. Deputies should recognize that many of these signs and symptoms may also be caused by substance abuse. A deputy should keep an open mind and consider the totality of the circumstances when making a determination as to the cause of abnormal behavior. These same techniques may be effective in dealing with a drug intoxicated party, but deputies should be extra diligent with respect to their safety as drug intoxicated individuals tend to be very unpredictable and may become violent with little or no warning.

If, in addition to other suspicions that a person may be mentally ill, the deputy observes that the person "doesn't make any sense" and that he is unaware of whom he is, where he is, etc., he may conclude for the purpose of his duties, as a deputy, that the person is in fact mentally ill. If the person is actively violent or appears to be in crisis, the deputy may request assistance from a CIT Officer.

The deputy should:



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- **Assess safety issues** **<41.2.7 (c)>**
- 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 deputy should NOT:

- Engage in behaviors that can be interpreted as aggressive **unless safety and tactical consideration dictate the necessity.**
- 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, have expanded space and a safe exit in case it should become necessary). **Unless safety and tactical consideration dictate the necessity such as immediate apprehension before the situation escalates.**
- 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.
- Do not argue with the consumer or continually repeat, allowing the situation to escalate.

Through this approach the deputy can more easily make an evaluation by observation and inquiries and on the basis of that evaluation, make a decision as to appropriate action.

C. STEPS SHORT OF TAKING THE PERSON INTO CUSTODY:

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Taking time to talk to a consumer or address some minor problem the consumer is having may be enough to bring the consumer out of crisis. If the consumer has committed no criminal offense and does not meet guidelines that would make it appropriate to take the consumer into custody then no further action is required. If the deputy reasonably believes the consumer is not a threat to themselves or others because of mental illness, and the consumer states he/she does not need assistance, it is not necessary to encourage him/her to accompany the deputy to a hospital or mental health facility. Resources in mental health facilities are at a premium and should not be used unnecessarily. The consumer who does not require hospitalization may be put in touch with other community resources listed at the end of this chapter. Leaving the consumer alone is not an option if there is an immediate substantial likelihood of harm to self or others.

D. GETTING THE PERSON TO ACCEPT A VOLUNTARY REFERRAL: <1.2.7(b)>

1. Situations where contact is made with consumers are endlessly varied. Perhaps the contact may arise out of a normally uneventful incident on the street or during a family dispute call. In most of these situations no special steps are required other than to be more patient and calm.
2. Where the deputy is convinced the person is in crisis and possibly a danger to him/herself or others, the deputy is to tactfully inform the consumer of available resources and if the consumer wishes, the Sheriff's Office can arrange transport to the crisis center.
3. A consumer who agrees to voluntary referral may be transported either by deputies or a concerned friend or family member to an appropriate mental health facility or hospital emergency room but only if the deputy and private citizen believe neither they nor the consumer would be placed in danger by doing so.
4. Johnson Mental Health Walk-In Center at 420 Bell Ave. is generally the most appropriate facility for a deputy to transport a consumer in crisis who accepts a voluntary referral. A consumer may be transported to another private facility of his/her choosing only with prior approval from the facility. (e.g. A consumer is



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already a patient of a private psychiatrist and requests to be transported to that psychiatrist's office). The deputy should verify by telephone that the psychiatrist has no objection to the consumer coming to the office before beginning transport.

E. When the person refuses to cooperate: <41.2.7(b)>

1. If a consumer refuses to cooperate and because of the consumer's emotional distress or mental illness, the deputy is reasonably concerned for his and others' welfare, but the deputy is unsure if the consumer meets criteria for involuntary custody, the deputy may request a Crisis Response Team (CRT) clinician from Johnson Mental Health respond to the scene to conduct an evaluation. Deputies will stand by to ensure the safety of the CRT clinician unless the clinician releases the deputy or the deputy evaluates the situation and determines law enforcement presence is not needed. CRT clinicians are authorized to issue Certificates of Need (C.O.N.) if necessary. Deputies from the Corrections Division are generally responsible for transporting consumers with a C.O.N. for the sake of expediency; a patrol deputy may transport the consumer on a C.O.N. or rendezvous with the corrections transport deputy if manpower permits.

Also see <70.3.1> Transporting Sick, Disabled, injured.

2. If adult members of the person's family or the person's guardian are known to him, the deputy may want to contact them and suggest they try to influence the person to seek care.

F. Non-Emergency Civil Commitment:

1. When an deputy receives a request for information about a Nonemergency Civil Commitment, the deputy may advise the citizen as follows:
 - a) A petition may be filed by a family member in Chancery Court or Circuit Court seeking a court order for nonemergency involuntary admission to inpatient treatment.
 - b) This procedure, under T.C.A 33-6-504, allows treatment to be ordered for



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persons' who are suspected to be mentally ill, but do not fit the guidelines for a TCA 33-6-401 emergency commitment.

2. In the event a deputy is ever involved in any type of dispute with a citizen regarding this policy, the deputy's supervisor should be called to the scene.

G. CRISIS INTERVENTION TEAM

The Hamilton County-City of Chattanooga Crisis Intervention Team (C.I.T.) is currently made up of specially trained deputies from the Uniform Patrol Division of the Hamilton County Sheriff's Office (HCSO) and officers from the Chattanooga Police Department (CPD). C.I.T. deputies have received specialized training with regard to mental disturbance type events. C.I.T. deputies currently respond to regular patrol service calls in addition to mental disturbance crisis events.

1. The C.I.T. Deputy(s) on the scene of a mental crisis call has the duty and responsibility of that scene event and, if necessary, should advise other deputies of request(s) that supports a team effort for a safe and appropriate disposition. The C.I.T. Deputy(s) will maintain scene responsibility unless otherwise directed by a supervisor. The supervisor will evaluate the circumstances of the crisis call and determine if the CIT deputy will be relieved, or if the Crisis Negotiation Team or the SWAT needs to be requested. The C.I.T. deputy also has the responsibility of completing a "C.I.T. Report" form after the call is resolved.
2. On all Sheriff Office's service calls involving individuals with mental illness in a disturbance/crisis event, the dispatcher will dispatch the nearest available county C.I.T. car(s) along with necessary patrol backup units.
3. If a HCSO C.I.T. car is not available for a crisis call in that sector, the dispatcher will send the appropriate district cars. In this event, the dispatcher is to advise the district cars that "no" C.I.T. unit is available. The first deputy on the scene of a mental disturbance where a C.I.T. deputy 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 on scene deputy reasonably concludes that a C.I.T. deputy(s) is/are necessary, the on scene deputy will request the



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dispatcher to "clear" a C.I.T. car(s). The dispatcher, in accordance with the deputy's request, will contact the closest C.I.T. car that is available to "clear" (city or county), and dispatch the C.I.T. car to the requested scene.

H. TAKING THE MENTALLY ILL PERSON INTO CUSTODY. <41.2.7c>

1. The State Mental Health law has defined and established the right of law enforcement officers to take alleged mentally ill people into custody for evaluations. This is a drastic step and should be undertaken only in strict compliance with the procedures which follow. The policy considerations referred to earlier demand this restraint;
2. The only time a person with mental illness can be taken into custody solely for being mentally ill is in an "Emergency Commitment" situation. (With one exception: Non-Emergency Civil Commitment through Chancery Court or Circuit Court TCA 33-6-504).
3. 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 deputy 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."
4. The intent of the law is the deputy will be able to take a person into custody (33-6-401) if he/she feels that the failure to do so will probably result in physical harm to the person or others. Also refer to policy <72.6.3> Receiving-Screening Information.
5. Deputies 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.
6. A "substantial likelihood of serious harm" is defined in TCA 33-6-501 as:
 - a) IF AND ONLY IF:
 - b) A person has threatened or attempted suicide or to inflict serious bodily harm on himself, Or



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- c) The person has threatened or attempted homicide or other violent behavior, Or
 - d) The person has placed others in reasonable fear of violent behavior and serious physical harm to them, OR
 - e) The person is unable to avoid severe impairment or injury from specific risks, AND
 - f) There is a substantial likelihood that such harm will occur unless the person is placed
 - g) Under involuntary treatment. THEN
 - h) The person poses a "substantial likelihood of serious harm" for purposes of this title.
7. Once it is concluded that the above standard is met and the person must be taken into custody, a deputy should seek to convince the consumer to go voluntarily and peacefully. If these measures fail or are impractical, restrain the person. In restraining the person, only a reasonable amount of force is to be used in compliance with departmental policies concerning use of force.
8. When a deputy takes a mentally ill person into custody through this process, the deputy should transport the individual according to procedures outlined in Section I below.
9. Authorization to take a person into TCA 33-6-401 custody may be given by: a deputy authorized to make arrests in this state, a licensed physician, health care psychologist, or mobile crisis team social worker. This authority is prescribed in TCA 33-6-402.
10. It is important to note that the emergency commitment law is intended to allow a sheriff's deputy 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 deputy arrives on the scene. The person may be taken into custody when the deputy arrives and there is sufficient information available to lead the deputy to a reasonable belief that the person is dangerous. This belief can be based on statements by



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the consumer, witnesses, and family members or from the physical scene itself (broken dishes, windows, furniture, torn clothing, weapons, etc.)

11. When a deputy takes a mentally ill person into custody through this process, the deputy should transport the individual according to procedures outlined below.

I. TRANSPORTING OF EMERGENCY COMMITMENT CONSUMERS (TCA 33-6-401)

For all 33-6-401 transports:

1. Call locations may include: Street, Private Residence, Public Locations, Non-Hospital Facilities – (i.e. Mental Health Center, Doctor's Office, Crisis Stabilization Unit, etc.)
2. A deputy is authorized to take a person into custody if a licensed physician / health care psychologist or a mobile crisis team social worker advises the deputy the person is subject to custody under TCA 33-6-401. A deputy may also transport based on information and/or personal observations that can substantiate a T.C.A. 33-6-401 custody arrest.
3. The deputy should fill out a statement form to be left with the receiving facility for the attending physician to review regarding incident and why the individual was considered a danger to self or others.
4. Consumers are to be searched for weapons or drugs (which could possibly be used to harm themselves) prior to being placed into a patrol vehicle. No packages, satchels, purses, etc. are to be kept by the consumer during transport. Any articles the consumer has in their possession that he/she wishes to take to the receiving facility will be thoroughly searched for weapons before being handed over to staff at the receiving facility or given back to the consumer, if staff at the receiving facility allows him/her to have baggage. This is to ensure both the safety of staff at the facility and the safety of the consumer. A deputy should remember a determination has been made at this point the consumer, because of his/her mental illness, poses a danger to himself/herself or others, therefore, it would not be prudent to allow him/her to possibly keep a weapon on his/her person.



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5. Unless there are special circumstances that must be narrated in the incident report a deputy should follow policy in the use of restraints for the transport. If the consumer is resistive to being taken for treatment, restraints should be used in compliance with policy. Deputies are discouraged from handcuffing a consumer with their hands in front of their body.
6. Consumers will not be transported in any police vehicle that does not have a partition or transport cage.

J. Transporting To Johnson Mental Health Walk-in Center:

1. Johnson Mental Health Walk-In Center is located at 420 Bell Ave.
2. This facility would be appropriate for TCA 33-6-401 transports where the deputy reasonably believes the consumer does not pose a significant threat of violence and has not demonstrated to be a flight risk.
3. Johnson Mental Health Walk-In Center staff will at times come out to the deputy's vehicle and do the evaluation in the security of the vehicle.
4. This facility does not accept consumers who are under the influence of alcohol and/ or drugs who are not in a condition to be evaluated.
5. This facility does not accept consumers in need of medical attention. If the consumer is identified to need medical care, he/she is to be taken to the closest hospital emergency room. The hospital should be advised to contact CRT.
6. The consumer's personal belongings are to be handed over to admissions staff or security. They are not to be given back to the consumer until staff has had the opportunity to check them.
7. A property inventory sheet is not necessary in most cases since the property will remain with the subject. This is not a criminal arrest. However, a deputy may choose to complete one if the consumer has particularly valuable items with him/her when he/she is taken into custody or it is requested. A property inventory sheet will be completed on weapons, contraband, or dangerous items and then placed in the property room.



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8. An incident report is to be completed explaining what led to the consumer being taken into custody (33-6-401). It will also list any relevant information the deputy observed after taking the consumer into custody.
9. The deputy should fill out a statement form to be left with the receiving facility for the attending physician to review regarding incident and why the individual was considered a danger to self or others.
10. If the deputy conducting the transport is a C.I.T. Deputy, a C.I.T. Report will also be completed and forwarded to records division.
11. The transporting deputy should give admissions staff at the facility a chance to review the statement form and answer any questions the admissions staff may have.
12. Once the admissions paperwork has been completed and the staff has had an opportunity to ask any questions they may have, the deputy is free to leave the consumer to the care of staff at the facility.

K. Transporting to Hospital Emergency Room:

1. Any involuntary 33-6-401 transport that is not suitable for the Walk-In Center should be transported to the nearest Hospital Emergency Room. The Emergency Room should be notified ahead of time to request CRT.
2. An incident report is to be completed explaining what led to the consumer being taken into 33-6-401 custody. It will also list any relevant information the deputy observed after taking the consumer into custody.
3. The deputy should fill out a statement form to be left with the receiving facility for the attending physician to review regarding incident and why the individual was considered a danger to self or others.
4. If the deputy conducting the transport is a C.I.T. Deputy, a C.I.T. Report will also be completed and forwarded to records division.
5. The consumer's personal belongings are to be handed over to triage staff or security. They are not to be given back to the consumer until staff has had the opportunity to check them.



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6. A property inventory sheet is not necessary in most cases, but a deputy may choose to complete one if the consumer has particularly valuable items with him/her when he/she is taken into custody, or the consumer requests items be placed into property.
7. If the facility has a secure observation room available, the consumer is acting out or is particularly violent, the transporting officer should summon assistance from hospital security. The hospital security and emergency department staff will make the determination as to whether or not the consumer should be placed in the seclusion room or in a patient room.
8. The transporting deputy should give admissions staff at the facility a chance to review the statement form and answer any questions the admissions staff may have.
9. If there are no extenuating circumstances, once the admissions paperwork has been completed and the staff has had an opportunity to ask any questions they may have, the deputy is free to leave the consumer to the care of staff at the facility.

L. Transporting to the Hamilton County Jail:

1. It is common for mental health disorders to be co-occurring with substance abuse.
2. In cases where a deputy encounters parties who have violated criminal statutes but also suffer from mental illness, a decision must be made by the investigating deputy as to whether the "greater good" would be better served by the individual being immediately incarcerated for the offense committed or by the consumer receiving psychiatric treatment.
3. Where a deputy has probable cause to arrest a consumer on "minor" misdemeanor charges (e.g. public intoxication, disorderly conduct, or criminal trespass), and the deputy reasonably believes that the consumer's conduct is caused primarily because of mental illness, the deputy should use their best



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judgment in determining whether or not it is necessary for criminal charges to be filed in the case.

4. A consumer/ arrestee with misdemeanor or non-violent felony charges who is also under 33-6-401 custody may be transported to the appropriate mental health or medical facility based on criteria described above. Where the deputy feels it is proper to proceed with criminal prosecution, the deputy will obtain an arrest warrant for the individual. The deputy should put the mental health or medical facility on notice by documenting in the arrest report that criminal charges are pending against the individual and request notification from the facility prior to the consumer being released or discharged so the warrants may be executed. The deputy should include in the report who is to be notified and at what number (e.g. Patrol Supervisor, 622-0022, or Fugitive Division (daytime), 209-7140).
5. In cases where a consumer is in 33-6-401 custody and there are no new charges, but the consumer has verified outstanding misdemeanor or non-violent felony warrants pending against him, the consumer may be transported to a mental health facility for treatment. The deputy will follow procedures outlined in D (4).
6. If a consumer has a newly charged felony involving violence or force, misdemeanor involving domestic abuse, or offense involving driving under the influence, or has verified outstanding warrants for a felony involving violence or a misdemeanor involving domestic abuse, he shall be transported and booked into the Hamilton County Jail using the same procedures as any other prisoner. The arresting deputy will advise the jail intake staff and recommend that the jail medical staff be notified of the subject's circumstances. The medical staff will determine the need to request Crisis Response Team to respond to the jail to conduct an evaluation as to whether the subject needs hospitalization and to complete a Certificate of Need (CON) if necessary.
7. Interview and Interrogation – A person suspected of being mentally ill is not necessarily prohibited from being interviewed or interrogated whether in custody



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or not. However, the deputy must as in all cases consider the “totality of the circumstances” in regards to a voluntary statement under Miranda. This is the test the courts will apply and may present a higher standard in showing statement was made voluntarily. <41.2.7(c)>

8. If an arrestee with criminal charges is brought into the jail and tells the arresting deputy or jail intake staff he/she has suicidal thoughts during intake, the arrestee will still be booked into the jail as any other prisoner. It is not necessary for the arresting deputy to take the arrestee to another facility. The arrestee will be kept separate from the general population and necessary steps will be taken by jail staff to reasonably ensure the safety of the arrestee. The Crisis Response Team will be requested by jail staff and asked to respond to evaluate the individual and complete a Certificate of Need (CON) if necessary.
9. If a Certificate of Need (CON) is completed for a consumer with criminal charges and the consumer is transported to a psychiatric hospital (e.g. Moccasin Bend) the transport deputy should note on the intake paperwork there are criminal charges pending against the consumer and provide contact information for either Fugitive Division or a Patrol Division supervisor to arrange transport to the jail upon discharge or release. The warrant will be verified before a deputy responds to the hospital to take custody of the party unless the transport deputy is the charging deputy and the arrest is a new felony or domestic violence arrest based on probable cause.

M. Transporting by Ambulance:

1. In the event of an attempted suicide, injury or illness, paramedics will address the patient's (33-6-401) need for medical and transportation services.
2. The receiving hospital has the responsibility to treat the patient for medical and psychological concerns (first signature evaluation if necessary). Deputies are not required to accompany paramedics or maintain a presence at the receiving hospital. The patient is not under 33-6-401 “arrest”.



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3. In cases of attempted suicide where the consumer is transported, responding deputies will generate an "Attempted Suicide" TIBRS Report. If a CIT Deputy was involved, a CIT Report will also be completed by the CIT Deputy.
4. If a 33-6-401 patient is in need of medical care and the paramedics request sheriff's office assistance or intervention regarding transportation, deputies will charge the patient with TCA 33-6-401 (Emergency Commitment). The patient is to be transported to the nearest hospital emergency room and an incident report is to be submitted. If requested, a deputy will accompany paramedics during transport.
5. If paramedics advise that a patient is medically stable and does not require ambulance service, and the deputy can substantiate the charge of TCA 33-6-401, the deputy should transport the patient to the nearest hospital emergency room if there are any further medical needs. If there are no medical needs the subject should be transported to the Joe Johnson Walk in Center for evaluation.

N. Transporting Juveniles:

1. Juveniles that are taken into TCA 33-6-401 custody under the age of fourteen (14) will be transported to T.C. Thompson Children's Hospital Emergency Department (910 Blackford Street).
2. Juveniles that are fourteen (14) years old and older will be transported to the nearest hospital emergency room.
3. The same documentation will be completed and procedures will be followed as for an adult 33-6-401 committal.
4. If a Certificate of Need (CON) is issued by either the hospital or Crisis Response Team, the HCSO Corrections Division is to be notified and a deputy will respond from the jail to transport the juvenile consumer.

O. Transporting Patients (TCA 33-6-401) from a Private Hospital to another facility:



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1. Private hospitals that request transportation to another hospital or facility based on a CON are to be advised to contact the Hamilton County Jail or a private ambulance service to arrange transport.

P. Transporting To Moccasin Bend Mental Health Institute (M.B.M.H.I.) (State Hospital):

1. M.B.M.H.I. is located at 100 Moccasin Bend Road.
2. Generally, the Hamilton County Sheriff's Office Corrections Division is responsible for consumer transports to M.B.M.H.I. or any other state mental health facility where the transport is the result of a C.O.N. An exception would be in the case of a Chancery or Circuit Court order for involuntary psychiatric evaluation which is generally the responsibility of the Hamilton County Sheriff's Office Crisis Intervention Team.
3. If the consumer has demonstrated a propensity for violent outbursts or behavior, a minimum of two deputies shall conduct the transport. No consumer will be transported pursuant to a C.O.N. in a vehicle that does not have a divider to ensure the safety of the deputy.
4. The transporting deputy should ensure that the following requirements are met prior to transport to M.B.M.H.I. or any other state facility:
 - a) Certificate of Need (C.O.N.) is signed and properly completed.
 - b) Medical Clearance has been obtained. Medical Clearance is defined as clearance given by a medical doctor stating the consumer (33-6-401) has no immediate medical problems which require medical intervention.
 - c) M.B.M.H.I. (or alternative facility) approval has been acquired. The hospital must obtain M.B.M.H.I. staff approval before a consumer is transferred. The hospital should provide the transport deputy with a confirmation number provided by the receiving facility to help guarantee that bed space is available and the consumer will be accepted. If the consumer is not committable to M.B.M.H.I. then the consumer would not be an appropriate 33-6-401 transport.



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Q. Upon arrival at M.B.M.H.I. or another state facility, the deputy will:

1. Escort the consumer to admission staff at the facility. The deputy should call ahead to summon additional assistance from hospital security if necessary.
2. Deliver the C.O.N. and Medical Clearance documentation to admissions staff.
3. Complete the admissions paperwork noting the circumstances surrounding the call and transport. The deputy will also note personal prior knowledge of the consumer (if any) and any unusual or relevant statements or behaviors observed by the deputy.
4. Note in admissions paperwork if criminal charges are pending against the consumer and who to contact when the consumer is ready to be discharged to sheriff's office custody.

R. Transporting from Private Hospitals Regarding 33-6-401 Disturbance Calls:

1. If a consumer is causing a disturbance in a private facility which jeopardizes the safety of hospital staff, the consumer, or the public, and the consumer is exhibiting behavior consistent with TCA 33-6-401 and is not a patient of that hospital and sheriff office action is the most prudent response, then the deputy should affect an emergency custody 33-6-401 committal. The deputy should complete an incident report and transport the consumer to the Joe Johnson Walk In Center. If the consumer is in need of medical attention, then this should be addressed before the deputy assumes a transporting role.

- S.** If a First Signature evaluation has not been completed by hospital personnel, the deputy should request the hospital complete an evaluation and a Certificate of Need if necessary. In the event the hospital refuses to evaluate the consumer or have him/her evaluated on scene and the consumer is in need of 33-6-401 custody, the deputy should affect an emergency commitment charge. The consumer will be transported to the Joe Johnson Walk In Center. The staff may evaluate the subject while he/she is still in the transport vehicle.



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T. Transporting Request: Physician/ Health Care Psychologist or Mobile Crisis Response Team Clinician (non-hospital event):

1. TCA 33-6-401 allows a licensed physician/ health care psychologist, or Crisis Response Team Clinician to authorize 33-6-401 custody of a consumer. The ideal situation would be to have the physician/ clinical psychologist meet the deputies on the scene and to articulate the facts which substantiate the need for TCA 33-6-401 custody. However, this is not always feasible in every circumstance. If the physician is not present at the scene, then the most practical response would be to have the physician communicate with the deputy by telephone. After conferring with the physician and receiving facts supporting 33-6-401 the deputy should transport to the nearest hospital and note the appropriate details on the incident report.
2. Deputies who are requested to take involuntary custody action should consider how the reasonableness of the request. Most requests will involve "attempted suicide" calls. Example: A physician advises deputies 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 to deputies. Deputies should confer with their supervisor. The question is how reasonable would it be to force entry or set up for a barricaded suspect? The totality of the facts and circumstances must be considered in order to determine what response is reasonable and the immediacy to act accordingly.
3. There are occasions when a physician/ health care psychologist, or mobile crisis team clinician will meet a deputy at the scene (non-hospital) with a signed Certificate of Need (CON). In this situation the deputy would receive facts that support the 33-6-401 custody and transport to the nearest hospital for medical clearance then to a state hospital as directed in the Certificate of Need. In this case (signed CON), the deputy should ensure that a confirmation number has already been obtained by the receiving state facility. Transport deputies should be dispatched from Corrections Division to handle the custody and transport



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based on the CON. Patrol deputies will assist the Corrections deputy as necessary to make sure that the custody and transport is accomplished as safely as possible.

4. In the event a dispute arises regarding the department's Emergency Commitment and Transport Policy, a supervisor will be called to the scene.

T. DISPOSITION CODE FOR CALLS INVOLVING THE MENTALLY ILL:

Hamilton County 911 has designated "D-40" as the disposition code to use on any service call that involves individuals with mental illness. In order to track these calls and obtain the related statistics, all of the services (Patrol, SRO, Traffic, Courts, Fugitive, CID, Narcotics, Corrections, Civil Process, or anyone who makes a report) are to use this "D-40" code when they make a report involving an individual with a mentally illness. Hamilton County 911 is able to classify service calls with more than one D code.

Deputies need to advise the 911 Center of the additional code when the mentally ill are involved (e.g. "D-1 & D-40", "D-9 & D-40"). If a service call starts out as something else (e.g. disorder, assist a citizen, intoxicated person, etc.) and an individual with mentally illness is found to be involved, the investigating deputy must advise 911 communications to use the D-40 code in addition to the report type code when they close the card.

U. CONFIDENTIALITY.

Protect the identity of any person taken into custody in accordance with these procedures. Do not divulge the name to any persons, including members of the department not involved in the case, except as dictated by law or in the course of official proceedings.

V. EXECUTING COURT ORDERS FOR PSYCHIATRIC EVALUATION.

Non-emergency Civil Commitment:

1. When a deputy receives a request for information as to a non-emergency civil commitment, the deputy may advise the citizen that a petition may be filed by a family member in Circuit or Chancery Court seeking to have the individual examined by doctors. This procedure, under TCA 33-6-504, allows treatment to



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be ordered for persons who are suspected to be mentally ill but do not fit the guidelines for a TCA 33-6-401 emergency commitment.

2. In the event a deputy is involved in a dispute over this policy, a supervisor should be called to the scene.
3. When the sheriff's office receives a Circuit or Chancery Court Order for involuntary psychiatric evaluation, the order will be executed as written by members of the Crisis Intervention Team. Because this is an involuntary hospitalization, the deputy executing the Order should be prepared to call for assistance if it becomes apparent that force will be necessary. The following procedures should be followed:
 - a) Detectives / deputies should attempt to persuade the consumer to voluntarily cooperate with the Order.
 - b) Should it become necessary to use force, only a reasonable amount of force should be used as outlined in the department's Use of Force policy. It may be necessary to have several deputies present to assist in subduing the consumer. If several deputies are present, only one contact deputy should be talking to the consumer. The others are there as backup and should not involve themselves except to assist if force becomes necessary or alert the contact deputy and other deputies if they observe some hazard that has apparently been overlooked by the contact deputy.
 - c) When transporting a female consumer, location and mileage should be given to the dispatcher upon departure and arrival at the evaluating facility.
 - d) The transporting deputy or deputies will stand by with the consumer until a decision is made as to whether or not the examining physician/ psychologist are going to sign the First Signature to an involuntary commitment.



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- e) If a first signature is obtained and it becomes necessary to transport to a state facility, the transport deputy should ensure the guidelines concerning transport to a state facility are met, particularly prior approval from the facility.
- f) Once the consumer is dropped off at the final receiving facility (e.g. Moccasin Bend) and the deputy has completed the admissions paperwork, the deputy is free to return to service.
- g) The executed court order will be returned to Circuit or Chancery Court.

X. AWOLS, AND/OR ABSENT WITHOUT PERMISSION FROM MENTAL HEALTH FACILITIES

1. If a treating facility feels a person is of sufficient mental stability to be allowed a pass or furlough from the institution and the individual does not return, the person is probably not a candidate for sheriff's office action.
2. However; If a person has escaped from an institution and constitutes a danger to himself/herself or others, deputies 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.
3. If the patient has pending criminal charges, deputies 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.
4. If the patient sustains injury during the course of apprehension or has become injured while AWOL, the deputy should transport the patient to the nearest hospital for treatment if medically stable or have the patient transported by ambulance to an appropriate hospital as determined by EMS if not medically stable or if uncertainty exists.
5. If the patient, while AWOL commits a felonious crime of violence, he/she shall be transported to the Hamilton County Jail where he/she will be booked on the new charge.



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6. If the patient, while away from the institution, commits a violent felony, he/she will be transported to the Hamilton County Jail where he/she will be booked on the new charge.

Y. MENTAL HEALTH – COMMUNITY RESOURCES <1.2.7(b)>

In the event an individual does not meet the criteria set forth above, there are a number of community resources available. **A list of resources and phone numbers is listed in the attachment to this standard as CIT SOP 5 Support Groups and Numbers.**

This list will be updated and distributed as necessary by the CIT Coordinator.

Z. Training:

1. Entry Level Training:

- a. All sworn certified law enforcement personnel receive mental health training in the State Police Academy as it is a required course.

<41.2.7(d)>

- b. All necessary civilian personnel shall receive entry level training on detection and handling of a mentally ill person.

2. Refresher Training:

- a. Mental Health training will be conducted every year during in-service training for POST certified officers. <41.2.7(e)>
- b. Mental Health training will be conducted triennially for all affected civilian personnel. <41.2.7 (e)>