



# SAN ANTONIO POLICE DEPARTMENT GENERAL MANUAL



## Procedure 611 – Mentally Ill Persons

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### .01 INTRODUCTION

Officers may encounter persons who exhibit symptoms of mental illness in a variety of community settings. This procedure is intended to assist officers in the evaluation, assessment, and disposition of persons (both adults & juveniles) with mental illness who are involved in a mental health crisis.

### .02 DISCUSSION

- A. Police officers must understand persons with mental illness may require professional assistance and the officers' actions may affect the immediate behavior of a person with mental illness.
- B. Officers should attempt to carefully evaluate individuals involved in a mental health crisis and determine the best course of action to take in order to resolve the situation according to the guidelines established in this procedure and GM Procedure 802, *Unusual Occurrences and Critical Incidents*.
- C. The Department has implemented a program which provides officers the opportunity to receive specialized training in handling mental health crises. Officers who complete this training become certified as Crisis Intervention Team (CIT Officers). CIT Officers are trained in using crisis intervention techniques and skills to handle incidents involving persons with mental illness.

### .03 TERMINOLOGY (For specific use within this procedure, see Glossary)

Credible Person	Order of Protective Custody	Critical Incident	Center for Health Care Services
Mental Health Crisis Call	Mental Health Facility	Mentally Ill Person	Person with Mental Illness
Local Mental Health Authority	Notification of Emergency Detention	Warrantless Emergency Detention	Mental Illness Weapons Seizure
Escalated Mental Health Crisis Call			

### .04 RECOGNITION OF MENTAL ILLNESS

- A. Police officers routinely encounter situations involving persons exhibiting unusual behavioral characteristics, ranging from passive to violent. Police officers must recognize symptoms which may indicate the existence of mental illness.
- B. The following are some of the symptoms commonly associated with persons with mental illness:
  1. Drastic mood swings or behavioral changes;
  2. Loss of memory;
  3. Thoughts of being plotted against or delusions of grandeur;
  4. Speaks to himself, hears voices, sees visions, or smells strange odors;



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5. Thinks people are watching or talking to him;
  6. Exhibits an extreme degree of panic or fright;
  7. Behaves in a way dangerous to himself or others (i.e., hostile, suicidal, makes threats towards others, etc.);
  8. Poor personal hygiene or appearance; or
  9. Demonstrates an unusual thought process or verbal expressions or is catatonic.
- C. Upon recognition of a mental health crisis situation the officer's responsibilities include:
1. Maintaining a high degree of caution in dealing with the potentially unpredictable nature of persons with mental illness;
  2. Protecting the general public from the actions of the persons with mental illness;
  3. Protecting the persons with mental illness from his/her own actions; and
  4. Providing the most effective remedy available at the time to resolve the crisis situation.

### **.05 CRISIS INTERVENTION TEAM (CIT) OFFICERS**

- A. A Crisis Intervention Team (CIT) officer is defined as any officer on the Department who has successfully completed the 40 hours Crisis Intervention Team training.
- B. CIT Officers are assigned to regular patrol duties and when available respond to situations involving persons who are experiencing a mental health crisis.
- C. The CIT Officer at the scene of a call involving a mental health crisis situation has the responsibility for handling the situation unless otherwise directed by a supervisor. The CIT Officer should ask for additional support, if necessary.
- D. CIT Officers may only take the same courses of action as other patrol officers when handling a mental health crisis. The courses of action are listed in Section .08 of this procedure.

### **.06 INITIAL RESPONSE**

- A. Communications Unit - Dispatchers responsibilities include:
  1. Attempt to determine if a service call is a mental health crisis;
  2. Determine if weapons or any violent acts have been committed which may create an Escalated Mental Health Crisis Call.
    - a. An Escalated Mental Health Crisis Call is a two-pronged approach where weapons are involved, or violence has occurred or is occurring, and corroborating factors exist that establish a mental health nexus.
    - b. If the call meets the listed criteria for an Escalated Mental Health Crisis Call, a supervisor will be assigned and dispatched to the scene.
  3. Identify mental health crisis calls by using appropriate code; (Escalated Mental Health Crisis Call, Mental Health in Progress, Mental Health Disturbance, Mental Health Routine);
  4. Assign and dispatch a CIT Officer when available, along with a cover officer, to mental health crisis situations;



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5. Assign and dispatch an officer and at least one cover officer to mental health crisis situations when a CIT Officer is not available.

B. Officers responsibilities include:

1. For an Escalated Mental Health Crisis Call:

- a. When dispatched, the officer assigned report responsibility coordinates his arrival with the cover officer and assigned supervisor:
- b. If possible, officer should attempt to contact the complainant while enroute to the call and obtain any additional relevant information prior to their arrival.
- c. If the call is determined to be an Escalated mental Health Crisis Call, the Mental Health Unit (MHU) Supervisor will be contact and the on-call Mental Health Team will respond to the location.

(1) The MHU Supervisor can be contacted via the Communications Supervisor at 7-7550.

2. For a Mental Health Crisis Call:

- a. If possible, officers should attempt to contact the complainant while enroute to the call and obtain any additional relevant information prior to their arrival.
- b. When dispatched, the officer assigned report responsibility coordinates his arrival with the cover officer;
- c. If the handling officer assigned to a call is not a CIT Officer, he may request a CIT Officer respond to assist with the call;
- d. Immediately notify a supervisor when confronted with situations which pose a potential for serious bodily injury to any person, including situations which have a potential to escalate to a critical incident.

### **.07 ARRIVAL AT THE SCENE**

A. For an Escalated Mental Health Crisis Call:

1. Circumstances permitting, the officer takes time to effectively evaluate the situation prior to taking any action. Officer should determine the best course of action to be taken, including the need for Emergency Medical Services (EMS) or Warrantless Emergency Detention.
2. Officers should be prepared to take the appropriate tactical measure to protect themselves and others. Officer should remain aware of the location of their cover officer, along with others involved in the situation.
3. During an Escalated Mental health Crisis Call responding officers should not approach the consumer unless the consumer initiates the contact or in the event of a life-threatening incident.
4. Officer should conduct interviews of relatives, friends, neighbors, or others associated with the situation, if possible;
5. Following the arrival of the MHU On-Call Team, an assessment will be made with the on-scene supervisor and a determination made if escalation to a Critical Incident, per General Manual Procedure 802, is warranted.

B. For Mental Health Crisis Calls:

1. Circumstances permitting, the officer takes time to effectively evaluate the situation prior to taking any action. Officers should determine the best course of action to be taken, including the need for Emergency Medical Services (EMS) or Warrantless Emergency Detention.



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2. Officers should be prepared to take the appropriate tactical measures to protect themselves and others. Officers should remain aware of the location of their cover officer, along with others involved in the situation.
3. Upon arrival at the scene, officers shall approach persons with mental illness with caution. Officers should keep these persons under close observation and speak to them in an unhurried, patient and calm manner, which is maintained throughout the incident.
4. A frisk of the individual and a search of the immediate surrounding area are conducted, in accordance with GM Procedure 502, *Warrantless Arrests, Searches, and Seizures*, to ensure the absence of any potential weapons. Frisking and handcuffing the individual may be necessary to satisfy safety requirements.
5. The person with mental illness should be guided to a safe and quiet area, if possible. This area should be away from other persons or things that may further incite the situation.
6. Officers shall not force individuals to take any medications. If the individual is taken into custody, any medication being taken by the individual should be transported with the individual and released to the appropriate medical or detention personnel (this shall be documented in the report).
7. Officers attempting to resolve a mental health crisis should rely on:
  - a. Close and constant visual observation of the person experiencing a mental health crisis situation;
  - b. Interviews of the person experiencing a mental health crisis situation. If possible, officers should interview relatives, friends, neighbors, or others associated with the situation;
  - c. Information provided by medical and mental health professionals regarding the physical and mental health condition of the person experiencing a mental health crisis situation;
  - d. Other available information sources and personnel, such as Center for Health Care Services, a CIT Officer, a field supervisor and other officers or data files; and
  - e. Personal experience, training, and sound judgment.

### **.08 COURSES OF ACTION**

- A. In evaluating the person with mental illness and the crisis situation, all officers may take any of the following courses of action to resolve the situation:
  1. For Mental Health Crisis calls contact the Mental Health Unit during their duty hours, Monday - Friday 0700 - 1700 through the dispatcher, or by attempting to reach them directly on 2-O.
  2. Contact the Mobile Crisis Outreach Team from the Center for Health Care Services through the Crisis Line at (210) 223-7233.
  3. Complete a Warrantless Emergency Detention of the person:
    - a. If the patient has no medical issues and is medically stable, the officer will contact MEDCOM (24/7) at 210-233-5933 for navigation to the appropriate psychiatric facility:
      - (1) Provide person's name and DOB
      - (2) Provide location
      - (3) MEDCOM will ask a series of questions to ensure the best level of care for the person and to determine the closest, most appropriate facility for the officer to transport to.



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- b. Call EMS for an evaluation if:
  - (1) Officer believes patient needs medical assessment.
  - (2) Patient complains of medical illness.
  - (3) Patient requests a medical evaluation.
  - (4) If patient is cleared by EMS and needs to be Emergency Detained, the officer will obtain the EMS badge numbers for their report. The officer will then contact MEDCOM for navigation to the appropriate psychiatric facility as directed in 3. (a).
    - i. Call EMS and additional manpower for emergent response if.
    - ii. Excited Delirium, severe agitation or violent behavior
    - iii. Mental status changes or confusion (change from baseline)
    - iv. Recent trauma or overdose
  - v. If EMS is going to transport, and the patient still needs to be Emergency Detained, the officer will follow EMS to the hospital where a Notification of Emergency Detention will be completed.
4. Arrest and book the person according to procedures if the person has committed a criminal offense and the officer has a legal authority to arrest;
  - a. If the offense is classified as a felony the person with mental illness shall be listed as an “AP” and booked for the offense(s). Details of the person’s mental health condition will be noted in the report details and a copy of the report will be sent to the Mental Health Unit via bin mail or through the SAPD Mental Health Detail Inbox. A copy of the report will also be sent to the follow up unit assigned responsibility for the specific charge.
  - b. With a supervisor’s approval, conduct a Warrantless Emergency Detention in lieu of arrest if the person with mental illness has committed a misdemeanor criminal offense other than DWI and Family Violence. Family Violence includes Assault Bodily Injury Married/Cohabitation, Family/Household, Terroristic Threat-Family, Deadly Conduct-Family, Unlawful Restraint, Interfering with an Emergency Phone Call, Harassment, and Telephone Harassment. In the event the person has committed DWI or Family Violence then the person shall be booked on the appropriate charge. If the person is being charged for a misdemeanor other than DWI or Family Violence, after receiving supervisor’s approval, the officer will “SP” the person with mental illness on the correct report and notify the victim that he can pursue charges through the appropriate follow-up unit. The person will then be Emergency Detained in accordance with .08.A.3.
- c. When booking a person for either a misdemeanor or felony:
  - (1) The officer, for safety reasons, immediately notifies Central Magistration personnel, including the nurse and mental health screener, if available, of suspected mental illness and/or suicidal tendencies involved with the prisoner.
  - (2) The officer also makes the following notation on the magistrate’s intake slip and the booking slip “Evidences Symptoms of Mental Illness.”
  - (3) Medication being taken by prisoners will be transported by the arresting officer and left with Detention Center personnel.



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- d. **IF** after an arrest, an officer is ordered by a Magistrate to conduct a Magistrate's Order for Emergency Apprehension and Detention in lieu of the arrest, the officer will "SP" the person with mental illness on the correct report. If the officer receiving the Order from the Magistrate is not the original handling officer, the second officer will write a supplemental report with the original case number and detail the non-arrest, the Magistrate's Order and the disposition of the "SP" and forwards the supplement to the follow-up unit. If this is the situation, the second officer will not write a Notification of Emergency Detention (SAPD Form#127-ED). The Magistrate's Order takes the place of the application.
  - e. If any person sustained any injury during the arrest or if any use of force requiring a use of force report was necessary, the person with mental illness should be arrested. A supervisor may approve the Warrantless Emergency Detention, I.A.W. .08 A 4 (b), if he/she determines this is the better course of action due to the person's mental state and need for psychiatric evaluation/treatment.
  - f. Under this procedure, a person's intent to cause property damage only, is not considered a violent criminal offense if the person who committed the offense has a mental illness.
  - g. In family violence cases resulting in no injury or minor injury and where no further violence by the person with mental illness is anticipated, a supervisor should be contacted for final disposition.
  - h. Officers clearly document their actions along with any statements made by the reporting person and/or person with mental illness in the appropriate report.
5. Make a referral for further mental health care as outlined in Section .08, Subsection F, when the criteria for Warrantless Emergency Detention or arrest does not exist; or
  6. Notify a supervisor and refer to GM Procedure 802, *Unusual Occurrences and Critical Incidents*, when confronted with critical incident situations.
- B. Warrantless Emergency Detention-Officers Authority and Criteria**
1. Officers making a Warrantless Emergency Detention will do so under the guidelines and authority as set forth in the Texas Health and Safety Code, Title 7, Mental Health and Mental Retardation, Subtitle C, Texas Mental Health Code, Chapter 573, Emergency Detention, Subchapter A, Apprehension by Peace Officer, and Section 573.001, Apprehension by Peace Officer without warrant. Detentions of this nature are for protective purposes and are not criminal.
  2. A peace officer has the authority to take a person into custody without a warrant for the purpose of obtaining an evaluation of his emotional and mental status, and the need for involuntary hospitalization if the officer has reason to believe and does believe:
    - a. The person evidences mental illness; and
    - b. The person evidences a substantial risk of serious harm to the person or to others unless the person is immediately restrained; and
    - c. The officer believes there is not sufficient time to obtain a warrant before taking the person into custody.
  3. A substantial risk of serious harm to the person or others may be demonstrated by:
    - a. The person's behavior; or
    - b. Evidence of severe emotional distress and deterioration in the person's mental condition to the extent the person cannot remain at liberty.
  4. The peace officer may form the belief the person meets the criteria for apprehension based on specific recent behavior, overt acts, attempts, or threats by the person which are:



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- a. Evidence of severe emotional distress and deterioration in the person's mental condition to the extent the person cannot remain at liberty.
- b. Observed by the officer at the time the apprehended person is found; or
- c. Reliably reported to the officer by a credible person (Health & Safety Code Section 573.001).

### C. Warrantless Emergency Detention-Custody of Persons with Mental Illness

1. A Warrantless Emergency Detention is civil in nature and does not impose criminal sanctions. However, officers should use sound tactics when contacting a person with a mental illness as hazardous situations may arise. When taking a person with mental illness into custody for Warrantless Emergency Detention, officers:
  - a. May handcuff persons with mental illness before transporting;
  - b. Shall search the person with mental illness before transporting;
  - b. Retain custody of the person with mental illness until the facility accepts the person;
  - c. Shall immediately orally inform the person being detained of the reason for the detention and that a staff member of the facility will inform him of his rights within 24 hours of admission. Also, documentation of these actions will be made in the report;
  - d. Shall contact MEDCOM at 210-233-5933 for navigation to the appropriate psychiatric facility
  - e. Shall contact a supervisor and request relief when the officer expects to work beyond their assigned duty hours. Contact with the supervisor to request relief shall occur no later than thirty (30) minutes before the end of the officers assigned duty hours;
    - (1) Shall complete all required reports, including SAPD Form #127-ED, *Notification of Emergency Detention*, prior to releasing the person to a relief officer.
2. When the authority and criteria required for Warrantless Emergency Detention are satisfied, a peace officer may apprehend a person with mental illness from a private residence or a public place.
3. If a person is voluntarily at a Hospital, clinic, nursing home, physician's office or minor emergency clinic, the officer will consider completing a Notification of Emergency Detention (SAPD Form #127-ED) if requested by the facility.
4. If the person with mental illness is accepted at a medical or psychiatric facility, that facility will provide any future transportation to a secondary facility.
5. When completing the Notification of Emergency Detention (SAPD Form #127-ED) at a hospital or psychiatric hospital, officers will:
  - a. Evaluate the conduct of person with mental illness and the circumstances under which the person was found and taken into custody by the facility;
  - b. List the physician's name, or name of other medical personnel, as the observer and credible person on SAPD Form #127-ED, *Notification of Emergency Detention*, in cases where persons with mental illness are sedated and no substantial risk of harm is observed by the officer. The officer should quote the physician or other medical personnel on all actions observed by them which confirms the person has a mental illness and is a risk to himself or others; and
  - c. Leave a duplicate copy with an original signature of SAPD Form #127-ED and a copy of the offense report, with the facility staff and retain the original for routing to the Records Office.



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6. When a person fitting the criteria for Warrantless Emergency Detention is violent, assaultive, or in need of restraints, the officer transports the person with mental illness to the nearest hospital as directed by MEDCOM. If required a Patrol Wagon should be requested to transport.
7. Officers will not transport persons fitting the criteria, or under, Warrantless Emergency Detention from one hospital to a different hospital. The hospital is required, by law, to facilitate the transportation of any patients by filing for an Order of Protective Custody (OPC).
8. If the person suspected of having a mental illness suffers a medical emergency at the scene (other than the mental illness), the officer requests assistance from Emergency Medical Service (EMS) to transport the person to the nearest medical facility based on their protocols.
9. Regardless of which facility or hospital the person is taken to, the officer conducting a Warrantless Emergency Detention will complete SAPD Form#127-ED and an offense report.
10. If an officer is unsure whether the person's condition is primarily the result of a mental illness, physical illness, or a substance abuse problem, the officer may contact the Mental Health Unit, through their dispatcher, for assistance. If the Mental Health Unit is unavailable the officer will call or ask the Information Channel to call The Center for Health Care Services and consult with the staff for guidance.

### D. Firearms Seized from Certain Persons with Mental Illness

1. In accordance with Health and Safety Code Section 573.001, a peace officer who takes a person into custody under an emergency detention, may immediately seize any firearm found in possession of the person. After seizing a firearm under this subsection, the peace officer shall comply with the requirements of Article 18.191, Code of Criminal Procedure taking custody of the firearm.
2. In accordance with Code of Criminal Procedure 18.191, a law enforcement officer who seizes a firearm from a person taken into custody under Section 573.001, Health and Safety Code, and NOT in connection with a criminal offense SHALL immediately provide the person with a written copy of the receipt for the firearm and a written notice of the procedure for the return of the firearm under this article.
  - a. Officers must complete a TCIC/NCIC check on all seized weapons to determine if the weapon is stolen.
  - b. If a seized weapon is deemed stolen, officers will complete a supplement report, referencing the original case number.
3. The officer will complete a property receipt SAPD Form# 113. Additionally, the officer will complete and provide the owner a duplicate copy of SAPD Form-127 Mental Illness Weapons Seizure.
  - a. Officers need to send (bin-mail) a copy of the SAPD property receipt Form# 113, the original SAPD Form 127-Emergency Detention, the original copy of SAPD Form 127-Mental Illness Weapons Seizure, and a copy of their emergency detention offense report, to the San Antonio Police Department Mental Health Unit.
4. When placing a seized weapon in the property room under Health and Safety Code Section 573.001, emergency detention, officers will place the firearm under "evidence" and ensure the follow-up unit is Mental Health, and the item description is "***Firearm – Mental Health***"

### E. Referral for Additional Mental Health Care

- 1 Persons who do not fit the criteria for Warrantless Emergency Detention and who are not going to be booked for a criminal offense, but who do exhibit mental illness, are referred to an appropriate source for treatment. The officer may recommend the person see their doctor, counselor, therapist, or call the Crisis Line at (210) 223-7233.



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2. Family members or persons concerned over the mental or emotional health of an individual, who do not meet criteria for an Emergency Detention, can be referred to The Center for Health Care Services (CHCS) at 601 N. Frio, the Mental Health Office at the Bexar County Courthouse or may call the Crisis Line at (210) 223-7233.
  - a. The Mental Health Office at the Bexar County Courthouse may assist persons in completing an application for an Emergency Apprehension and Detention and an application for Court-Ordered Mental Health Services with a request for an Order of Protective Custody. All applications shall be reviewed and acted upon by an appropriate judge of magistrate. If approved a Mental Health Warrant would then be directed to the Bexar County Sheriff's Office Mental Health Unit for service.

### F. Persons with Mental Illness Involved in Critical Incidents

1. Critical incidents shall be handled in accordance with GM Procedure 802, *Unusual Occurrences and Critical Incidents*.
2. Officers confronted with situations that pose a continuing threat of serious bodily injury to any person will request additional officers and a supervisor through the dispatcher.

### G. Threats Made by Persons with Mental Illness

1. Officers confronted with persons with mental illness who are making threats to harm themselves or others will assess the persons and determine if the criteria exist for a Warrantless Emergency Detention.
2. Officers will contact Southwest Texas Fusion Center (SWTFC) at (210) 207-7680 for all reports involving threats made by persons with mental illness. Officers will also route a copy of their report to the Fusion Center (SWTFC) at [SWTXFusion@sanantonio.gov](mailto:SWTXFusion@sanantonio.gov). Officers will also route a copy of their report to the Fusion Center (SWTFC) at [SWTXFusion@sanantonio.gov](mailto:SWTXFusion@sanantonio.gov). The report will include details of the threat and whether the person who is the subject of the threats was notified.

### H. Calls for First Responders in Mental Health Crisis

1. Officers responding to a mental health crisis call involving any First Responder or their immediate family should contact the Mental Health Unit Supervisor before determining a course of action.
  - a. If the subject involved in a mental health crisis call is a sworn member of the San Antonio Police Department the officer should immediately request a patrol supervisor in accordance with GM Procedure 604.12. A – Family Disturbance/Violence.
  - b. After assessing the situation, the supervisor will contact the Mental Health Unit Supervisor before determining a course of action. The mental Health Unit Supervisor can be contacted through the SAPD Communications Supervisor at (210) 207-7550.
  - c. If the call is determined to be an Escalated mental Health Crisis Call then refer to .06.B of this procedure.

## **.09 REPORT RESPONSIBILITIES**

- A. The officer assigned to the call by the dispatcher will have report responsibility for the mental health crisis situation, including the transporting of the person to an evaluation facility or detention facility.
- B. Officers assigned report responsibilities will document their findings and any actions taken in their respective report. Copies of any report involving mental health issues shall be forwarded to the Mental Health Detail.
- C. Officers handling a mental health crisis where the person with mental illness has not committed a criminal offense, but where the person is taken into custody for a Warrantless Emergency Detention, will complete an Offense Report



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along with SAPD Form#127-ED. No complainant will be listed on the report. The person with mental illness will be listed as the “Emergency Detention” (ED) on the report. The Offense Report will be titled as “Emergency Detention.” Officers will list the situation found as “Mental Health Related” on all Emergency Detention offense reports and any report indicating the primary reason for the call was due to a mental health issue.

- D. Officers handling a mental health crisis where the person with mental illness has not committed a criminal offense and where no Warrantless Emergency Detention is made may complete an Incident Report. Additionally, officers will complete the appropriate report criteria documenting the mental health crisis.
- E. Officers handling a mental health crisis where a person with mental illness has committed a criminal offense will complete an Offense Report as follows:
  - 1. The offense report will be titled with the appropriate criminal offense if an arrest is made and shall include the details of the criminal offense and any details needed to establish the criteria for Warrantless Emergency Detention if applicable. The complainant of the criminal offense will be listed as the “Victim” (V). If the person with mental illness is arrested for the criminal offense, the person will be listed as the “Arrested Person” (AP) on the Offense Report.
  - 2. If no arrest and no Warrantless Emergency Detention are made, the person will be listed as the “Suspect” (SP). Additionally, officers will complete the appropriate report criteria documenting the mental health crisis; and
  - 3. If the person with mental illness is not arrested for the criminal offense and a Warrantless Emergency Detention is made, the primary offense will be titled Emergency Detention, the person will be listed as the “Emergency Detention” (ED) on the Offense Report. The related offense will be titled as the criminal offense with the person also titled as the “Suspect” (SP). Additionally, officers will complete the appropriate report criteria documenting the mental health crisis and shall list in the details of the report that the ED was not arrested. A copy of the report shall be sent to the appropriate follow-up unit.
- F. Officers who make a Warrantless Emergency Detention will complete SAPD Form #127-ED and include the case number at the top of the form. The original application will be forwarded to the Records Office. A duplicate with an original signature will be given to the facility accepting the person with mental illness along with a copy of the offense report.
- G. Officers will forward copies of all reports involving mental health crisis situations, including a copy of SAPD Form #127-ED, to the Psychological Services Office and the Crisis Negotiators Detail when the officer reasonably believes the person with mental illness has the potential to become involved in critical incident.

### **10. N-CODING A MENTAL HEALTH RELATED CALL**

- A. Officers responding to mental health calls will have three N-Codes available to use as the disposition of the Call for Service, if a report is not required to be written. They are as follows:
  - 1. **N23MH – Mental Health No Complainant** – This N-Code is used when officers are dispatched to a location for someone who may be having a mental health issue and upon arrival they do not find anyone.
  - 2. **N23MHN – Mental Health No Criteria for Emergency Detention** – This N-Code is used when Officers arrive at the call and after talking to the consumer, it is determined the consumer has mental health issues, but the consumer is not homicidal, suicidal, or in a state of mental decompensation. The consumer and family if present, is given resources they can use.
  - 3. **N23MHR – Mental Health – Refused Services** – This N-Code is used when Officers arrive at the call and after talking to the consumer, it is determined the consumer has mental health issues but the consumer is not homicidal, suicidal, or in a state of mental decompensation. The consumer also REFUSES any assistance and does not want any information on resources available to them.



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### **11. INITIAL AND REFRESHER TRAINING**

- A. Police Cadets shall receive a minimum of 40 hours of Crisis Intervention Team Training regarding interactions with persons suspected of suffering from mental illness in the Training Academy.
- B. Officers shall receive refresher training regarding interactions with persons suspected of suffering from mental illness at least every three years.
- C. Newly hired civilian employees who will have contact with the public shall receive initial training interactions with persons suspected of suffering from mental illness from their parent unit.
- D. Civilian employees who have contact with the public shall receive refresher training regarding interactions with persons suspected of suffering from mental illness at least every three years.