

BILL NO.: 4537

ORDINANCE NO.: _____

Introduced by: Council Present

AN ORDINANCE FOR THE BERKELEY POLICE DEPARTMENT GENERAL ORDER #42 “MENTAL HEALTH ISSUES” POLICY

WHEREAS, The City of Berkeley hereby finds and declares this ordinance is necessary, appropriate, and in the best interest of the City of Berkeley, Missouri, in accordance to the CALEA standards.

Now, Therefore, Be it ordained by the City Council of the City of Berkeley, Missouri, as follows:

Section 1 The City of Berkeley, Missouri, Council hereby adopts the attached Mental Health issues Policy in compliance the CALEA standards.

Section 2 The attached agreement is hereby incorporated herein and made a part of this ordinance, as if fully set out herein.

Section 3 This Ordinance shall be in full force and effect from and after the date of its passage.

1st Reading this 01st day of May 2017

2nd Reading this _____ day of _____ 2017

3rd Reading, PASSED and APPROVED, this _____ **day of** _____ **2017**

Theodore Hoskins, Mayor


ATTEST:

Deanna L. Jones, City Clerk

Approved As To Form:
Donnell Smith, City Attorney

Final Roll Call:

Mayor Hoskins	Aye ___	Nay ___	Absent ___	Abstain ___
Councilwoman Hoskins	Aye ___	Nay ___	Absent ___	Abstain ___
Councilwoman Kirkland	Aye ___	Nay ___	Absent ___	Abstain ___
Councilwoman Mathison	Aye ___	Nay ___	Absent ___	Abstain ___
Councilman-at-Large McDaniel	Aye ___	Nay ___	Absent ___	Abstain ___
Councilwoman Mitchell	Aye ___	Nay ___	Absent ___	Abstain ___
Councilwoman Williams	Aye ___	Nay ___	Absent ___	Abstain ___

	BERKELEY POLICE DEPARTMENT GENERAL ORDER	GENERAL ORDERS: 42
MENTAL HEALTH ISSUES		
ISSUE DATE: 4/27/2017	EFFECTIVE DATE: 5/15/2017	DISTRIBUTION: ALL PERSONNEL
AMENDED:		RESCINDS: ALL PREVIOUS VERSIONS
ACCREDITATION STANDARDS: CALEA 41.2.7		NUMBER OF PAGES: 4

PURPOSE: The purpose of this directive is to provide officers with a reasonable means of ascertaining a need for mental health and related social service diversion programs.

POLICY: The Berkeley Police Department acknowledges that the recognition of persons with mental infirmities, as well as interacting with them, may require special training and techniques. Agency personnel will be trained in the recognition of persons who are mentally ill, techniques to be used in interviews and interrogations, as well as available community resources. [CALEA 41.2.7]

DEFINITIONS:

CIT Officer- A police officer trained and certified as a Crisis Intervention Team (CIT) officer.

Crisis Incident - Any call where an individual would benefit from the specialized training and knowledge of the CIT officer. Crisis incidents include calls involving persons known to have mental illness who are experiencing a crisis, persons displaying behavior indicative of mental illness, attempted or threatened suicides, gravely disabled individuals, or individuals who may be experiencing emotional trauma.

Crisis Intervention Team (CIT) - A partnership between the police, mental health agencies, advocates, colleges/universities, and the community that seeks to achieve the common goals of safety, understanding, and service to persons in crisis, the mentally ill, and their families.

Mental Disorder- Any organic, mental, or emotional impairment which has substantial adverse effects on a person’s cognitive, volitional, or emotional function and constitutes a substantial impairment in a person’s ability to participate in activities of normal living.

Mental Illness- A state of impairment which results in a distortion of a person’s capacity to recognize reality due to hallucinations, delusions, faulty perceptions, or alterations of mood and interferes with an individual’s ability to reason, understand, or exercise conscious control over their actions.

PROCEDURES:**GUIDELINES FOR THE RECOGNITION OF PERSONS SUFFERING FROM MENTAL ILLNESS** [CALEA 41.2.7 a]

When agency personnel are called to manage or come in contact with mentally ill persons, the behaviors most frequently encountered include:

1. Bizarre, unusual, or strange behavior (defined as behavior inappropriate to the setting)
2. Confused thoughts or actions
3. Aggressive actions
4. Destructive, assaultive, or violent behavior
5. Attempted suicide

AVAILABLE COMMUNITY HEALTH RESOURCES INCLUDE: [CALEA 41.2.7 b]

Agency personnel should refer to the Mental Health America of Eastern Missouri Information pamphlet located in the report writing room. Contact information includes:

1. Hawthorn Children's Psychiatric Hospital: 1-314-512-7800
2. Barnes-Jewish Hospital: 1-314-362-9104
3. Christian Hospital Northeast: 1-314-653-5700
4. DePaul Health Center: 1-314-447-5951

GUIDELINES FOR DEALING WITH PERSONS SUSPECTED OF BEING MENTALLY ILL [CALEA 41.2.7 c]

- A. If a person appears to need hospitalization, determine if the subject will go voluntarily. If the person refuses voluntary commitment, assess the situation based on the following criteria:
 1. Person exhibits symptoms of mental disorder, mental illness, or appears to be under the influence of alcohol or drugs.
 2. The person's behavior also must indicate a likelihood of serious physical harm (evidenced by recent threats including verbal) or attempts to harm themselves (RSMo 632.005).
- B. Officers will take the following steps when interacting with someone who is possibly mentally ill;
 1. Introduce yourself and explain the reason for your presence.
 2. Be aware the police uniform, gun, handcuffs, and baton may frighten the person.
 3. Be aware of the potential for violence.
 4. If the person is acting aggressively, but not directly threatening any other person or himself, the person should be given time to calm down.
 5. Avoid excitement, confusion, or upsetting circumstances.
 6. Do not abuse, belittle, or threaten.
 7. Do not use inflammatory words such as "psycho" or "nut house".
 8. Do not lie or deceive the person.
 9. Do not cross-examine the person with a flurry of close-ended (i.e. "yes" and "no") questions.

10. Do not dispute, debate or invalidate the person's claims.
11. Do not agree or disagree with the person's statements.
12. Do not rush the person or crowd their personal space.
13. Avoid being a "tough guy".
14. Do not let the person upset or trick you into an argument.

CRISIS INTERVENTION TEAM (CIT) RESPONSE

- A. Officers who have responded to a call and believe they are dealing with a mentally ill subject experiencing a crisis may request a CIT Officer through dispatch. The responding CIT Officer will assess the subject's condition and may contact the Community Mental Health Liaison to access immediate mental health assistance/consultation.
- B. CIT Officers shall volunteer for calls that may involve a mentally ill person in a crisis.

PATROL SUPERVISOR RESPONSIBILITY

- A. Patrol Supervisors shall monitor the dispatching of CIT Officers to the appropriate calls and ensure mental health professionals are contacted when appropriate for consultation and follow up.
- B. Supervisors shall ensure the CIT Incident Form has been completed in the reports section of the CARE system.
- C. The response of a CIT Officer should not necessarily preclude an arrest or involuntary commitment, but is intended to try to resolve a crisis situation by using mental health services to avoid an arrest or commitment, if possible.

REPORTING AND DOCUMENTING CIT CALLS

- A. CIT Officers who respond and coordinate services for a subject should complete a general report in CARE that includes completion of the CIT Incident Form found in the report writing room?
- B. Applications for involuntary commitment may be made to probate court or directly to a mental health facility.
- C. State or private facilities may accept application for 96-hour commitment by law enforcement.
- D. Officers should not make arrangements for admission prior to transporting subjects to the facility.
- E. Supporting affidavits from the officers and/or family may be required to accompany the application.
- F. Referral categories are as follows;
 1. Voluntary mental health or alcohol and drug abuse facilities
 2. Detention facility
 3. Mental Health Coordinator (not currently available)

4. Other agencies (e.g. those listed in the pamphlet)

G. The following dispositions are available to officers;

1. Counsel, release, and refer the individual to a mental health center
2. Counsel, release to family, friends, or some other support network and refer to a mental health professional
3. Consult with a mental health professional
4. Obtain the person's agreement to seek voluntary examination
5. Detain for involuntary examination
6. Arrest if probable cause exists that a crime has been committed

TRAINING

- A. Sworn Personnel will receive documented entry-level training in the Academy on dealing with persons with mental illness. [CALEA 41.2.7d]
- B. Officers will receive documented refresher training annually on dealing with persons with mental illness. [CALEA 41.2.7 e]
- C. All personnel likely to have contact with the public and a person with mental infirmities will receive documented training on dealing with persons with mental illness, during their new employee orientation. Non-sworn personnel positions that will receive this training include: [CALEA 41.2.7d]
 1. Administrative Assistant for Internal Affairs Unit (Police Chief Secretary);
 2. Administrative Assistants for Criminal Investigations Division (Detective Bureau Secretary)
 3. Dispatchers.
- D. The non-sworn personnel listed above will receive documented refresher training annually on dealing with persons with mental illness. [CALEA 41.2.7 e]

DRAFTED BY: Eye-Liza Conner	DATE: 3/3/17
BY ORDER OF: ART JACKSON INTERIM CHIEF OF POLICE	DATE: 4/17/17
APPROVED BY: Public Safety Committee	DATE: 4/27/17
APPROVED BY: Berkeley City Council	DATE: 5/15/17

CRISIS INTERVENTION TEAM REPORT

ORIGINAL REPORT# _____ (Click Here To Change Report Number)
Department Reporting: _____ Reporting for: _____

INCIDENT INFORMATION

DATE: MM _____ DD _____ YYYY _____
Original Reporting Officer, DSN _____ Last Name: _____ First Name: _____
CIT Officer, DSN _____ Last Name: _____ First Name: _____
Location _____ City _____ Zip Code _____
Precinct/District _____ Beat/Sector _____ COGIS/Grid _____

INDIVIDUAL INVOLVED IN MENTAL HEALTH CRISIS

Name: Last: _____ First: _____ MI: _____
Address: _____ City/State: _____ Zip Code _____ Home Phone: _____
Gender: _____ Race/Ethnicity: _____ Age: _____
Precinct/District _____ Beat/Sector _____ COGIS/Grid _____
Diagnosis (if known) _____
Call Received: Radio On View Other: _____

Received From

(check one)

- BHR
- Boyfriend/Girlfriend
- Business Owner
- Citizen
- Consumer
- Family member
- Friend/Acquaintance
- Life Crisis
- Physician/Medical Provider
- Police Observation
- Spouse/Partner
- Unknown/Anonymous
- Other, specify: _____

Nature of Incident

(check all that apply)

- Assault – Felony
- Assault – Misdemeanor
- Court Order
- Disturbance
- Drug-related offenses
- Intoxication
- Nuisance (loitering, panhandling, trespassing)
- Property crime
- Sex crime
- Suicide threat or attempt
- Other, specify: _____

Behaviors Evident at Time of Incident

(check all that apply)

- Agitated (e.g. pacing)
- Belligerent or Uncooperative (angry or hostile)
- Depressed
- Delusions (paranoia, believing things that are not real)
- Disorientation/confusion
- Disorganized speech
- Hallucinations (hearing, seeing, feeling touching, or tasting things that are not there)
- Manic
- Self Mutilation
- Other, _____

Threats/Violence/Weapons

- Weapon involved?
if yes,
Type of weapon (check all that apply)

- Knife Firearm
- Other, specify: _____

Threat of violence to:

- Self (Consumer)
- Law Enforcement Officer
- Other, specify: _____
- No Threat

Incident Injuries

Before CIT Intervention

- To Consumer**
 - By Self (Consumer)
 - By Law Enforcement Officer
 - By Other, specify _____
- To Other**
 - By Consumer
 - By Law Enforcement Officer
 - By Other, specify _____
- To Law Enforcement Officer**
 - By Consumer
 - By Other, specify _____

Incident Injuries

After CIT Intervention

- To Consumer**
 - By Self (Consumer)
 - By Law Enforcement Officer
 - By Other, specify _____
- To Law Enforcement Officer**
 - By Consumer
 - By Other, specify _____
- To Other**
 - By Consumer
 - By Law Enforcement Officer
 - By Other, specify _____

Drugs/Substance Use
(check all that apply)

- None

Disposition

(check all that apply)

- No action/Resolved on scene
- Arrested

- Alcohol
- Cocaine
- Heroin
- Marijuana
- Methamphetamine
- Prescribed Medications
- Unknown
- Other, *specify* _____

Mental Health History

(check all that apply)

- Alcohol/Substance Abuse
- CIT – Past Involvement
- CIT – Involvement Unknown
- Mental Health inpatient treatment
- Mental Health outpatient treatment
- Suicide threat or attempt

Medication

- Compliant
- Noncompliant
- Not Applicable

Use of Force

- By Law Enforcement Officer**
 - Lethal
 - Less Lethal
- By Consumer**
 - Lethal
 - Less Lethal

Additional Comments:

- Outpatient/Case management referral
- BHR
 - Telephone Referral
 - Telephone Consultation
 - Mobile Outreach Responded
- Transported to Treatment Facility

Name of Facility

- St. Alexius
- Barnes
- Cardinal Glennon
- Center Point
- Children’s Hospital
- Christian
- Cochran VA
- DePaul Hospital
- Forest Park
- Metropolitan Psychiatric Center
- St. Anthony’s
- St. John’s Mercy
- St. Louis University Hospital
- St. Mary’s
- South Point
- Other,

- Felony Misdemeanor
- Ordinance violation
- Warrant Application to be Made
 - State County
 - Municipality
 - Mental Health Court

Miscellaneous Information

- Transported?
 - Police Ambulance Other

CAD Alert

- Existing CAD Alert on individual
- New CAD Alert initiated
- CAD Not Applicable

Reviewed By:

CIT Supervisor, DSN: _____ Last Name: _____ First Name: _____