



RECOGNIZING AND RESPONDING TO INDIVIDUALS IN CRISIS



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INDEX CATEGORY:	Preliminary Investigations		

I. PURPOSE

This directive:

- A. provides guidelines to assist in recognizing individuals in crisis.
- B. provides policy and procedures for responding to incidents involving individuals in crisis.
- C. outlines the procedures for:
 - 1. interacting with arrestees in need of mental health evaluation, treatment, or hospitalization.
 - 2. interacting with persons requiring involuntary admission to a designated mental health intake facility.
 - 3. assisting persons seeking voluntary admission to a mental health intake facility.
 - 4. processing adult arrestees who are on an Unauthorized Absence (UA) from an Illinois Department of Human Services (IDHS) State-Operated Mental Health Center.
 - 5. interacting with adults who are classified as being an inpatient on unauthorized absence from a IDHS State-Operated Mental Health Center.
- D. provides a matrix of roles and responsibilities for members transporting persons in need of mental health treatment.
- E. continues the Crisis Intervention (CIT) Report on CLEARNET.
- F. continues the Illinois State Police Person Determined to Pose a Clear and Present Danger form ([ISP 2-649](#)).
- G. updates the Crisis Intervention (CIT) Report ([CPD-15.520](#)).
- H. states the immunity provision of the Mental Health and Developmental Disabilities Code [\[405 ILCS 5/6-103\(d\)\]](#) and the Firearm Owners Identification Card Act [\[430 ILCS 65/8.1\(d\)\]](#).
- I. introduces the Mental Health Incident Notice (MHIN) (CPD-15.521)
- J. satisfies CALEA Law Enforcement Standard in Chapter 41.

II. POLICY

- A. The Chicago Police Department is committed to:
 - 1. interacting with individuals in crisis with dignity, respect and the foremost regard for the preservation of human life and the safety of all persons involved.
 - 2. allowing officers sufficient time and resources to use appropriate crisis intervention techniques.
 - 3. using time as a tactic when there is time to negotiate, de-escalate, and ensure the safety of all persons involved.
 - 4. using force consistent with the Department directive titled "**Use of Force.**"
 - 5. training Department members in recognizing the signs and symptoms of mental illness and the statutory criteria indicating a person is in need of emergency mental health treatment.

6. upholding the statutory requirement outlined in the Firearm Owners Identification Card Act [430 ILCS 65/8.1(d)(2)] which states, "If a person is determined to pose a clear and present danger to himself, herself, or to others by a law enforcement official or school administrator, then the law enforcement official or school administrator shall, within 24 hours of making the determination, notify the Department of State Police that the person poses a clear and present danger."
7. exploring diversion programs, resources, and alternatives to arrest for individuals in crisis, consistent with the Department directive titled "Crisis Intervention Team (CIT) Program."

B. If a person is in need of mental health treatment, and:

1. is unarmed, not violent, and willing to comply, Department members may transport the individual to a mental health intake facility, consistent with the Department directive titled "**Persons Subject to Involuntary or Voluntary Admission Non-Arrestees.**"
2. is not immediately dangerous, Department members will contain the subject until assistance arrives.
3. is armed, Department members will not attempt to take the subject into custody without the specific direction of a supervisor unless there is an immediate threat of physical harm to the subject, Department members, or others.

III. STATEMENT OF LAW

- A. The Immunity Provision of the Mental Health and Developmental Disabilities Code 405 ILCS 5/6-103 (d) states "An act of omission or commission by a peace officer acting in good faith in rendering emergency assistance or otherwise enforcing this Code does not impose civil liability on the peace officer or his or her supervisor or employer unless the act is a result of willful or wanton misconduct."
- B. The Firearm Owners Identification Card Act 430 ILCS 65/8.1(d) states "The physician, clinical psychologist, qualified examiner, law enforcement official, or school administrator making the determination and his or her employer shall not be held criminally, civilly, or professionally liable for making or not making the notification required under this subsection, except for willful or wanton misconduct."

IV. DEFINITIONS

- A. **Mental Illness** — a diagnosable condition that can substantially impair a person's thought, perception of reality, emotional process, judgment, behavior, or ability to cope with the daily stresses of life. Mental illness can be treated through various approaches, allowing individuals to maintain recovery from many of its symptoms.
- B. **Developmental Disabilities (DD)** — are long-term disabilities attributable to a physical, mental, or a combination of impairments that result in functional limitations in major life activities, such as understanding and expressing language, learning, moving, self-direction, self-care, independent living, and economic self-sufficiency.
- C. **Intellectual Disabilities (ID)** — are a subset of developmental disabilities characterized by limited or diminished intellectual functioning and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions.
- D. **Substance Use Disorders** — occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

V. RECOGNIZING INDIVIDUALS IN CRISIS

Department members may encounter situations where they must interact with individuals in crisis. These individuals may exhibit symptoms of known, suspected, or perceived behavioral or mental health conditions, including, but not limited to, mental illness, intellectual or developmental disabilities, or co-occurring conditions such as substance use disorders. Department members will utilize their training and the following guidelines to assist in recognizing individuals in crisis and in need of intervention.

- A. Department members will be aware of verbal, behavioral and environmental cues that **could suggest** the individual is in need of mental health treatment:
1. Verbal Cues
 - a. statements of harm to self or to others;
 - b. statements of false, fixed beliefs (delusions), e.g. "My food/water/medicine has been poisoned", " I am Christ."
 - c. statements of false sensory perceptions (hallucinations), e.g. hearing voices that are not audible to anyone else; seeing a TV or newspaper talking directly to him/her; feeling bugs crawl all over skin;
 - d. disorganized speech, e.g. using incoherent words, phrases, or sounds; rapidly shifting from topic to topic with no connection between thoughts.
 2. Behavioral Cues
 - a. causing injury to self, e.g. cutting self, cigarette burns, banging head against the wall;
 - b. no longer performing major life activities, e.g. eating, sleeping;
 - c. unusual demeanor, e.g. underdressing/overdressing for weather conditions;
 - d. unusual body movements. e.g. pacing, muscular rigidity, repetitive actions;
 - e. confusion and lack of awareness of surroundings, e.g. wandering in and out of traffic, unable to identify self or location;
 - f. reacting to intrusive, distressing thoughts, e.g. flashbacks or commands to harm self or another;
 - g. extreme emotional responses, e.g. lack of emotion or excessive anxiety/anger.
 3. Environmental Cues
 - a. written suicide notes or letters;
 - b. excessive hoarding, e.g. garbage, newspapers, animals;
 - c. presence of urine or feces on the floor or on walls.
- B. Department members will be aware of those individuals unable to take reasonable care of his or her welfare with regard to basic provisions for clothing, food, shelter, or safety and make the necessary referrals, or take the appropriate actions as outlined in the Department directive titled "**Persons Subject to Involuntary or Voluntary Admission Non-Arrestees.**"

VI. GENERAL INFORMATION

- A. The Department directive titled "**Persons Subject to Involuntary or Voluntary Admission Non-Arrestees**" specifies the instances when a Department member will transport a person, who is not under arrest, to a mental health intake facility for involuntary or voluntary admission.
- B. Persons requiring mental health treatment and transportation by the Department will be transported in a squadrol, when available, consistent with the Department directive titled "**Squadrol Operating Procedures.**"
- C. The Department directive titled "**People with Disabilities**" provides guidelines to assist Department members in recognizing and accommodating persons with disabilities.
- D. A person subject to involuntary admission consistent with the Department directive titled "**Persons Subject to Involuntary or Voluntary Admission – Non-Arrestees**" is in protective custody and not under custodial arrest. When necessary to prevent a person subject to involuntary admission from escape, harming themselves or others, or to facilitate the safe transportation of the person, members will adhere to the use of restraining devices consistent with the Department directive titled "**Restraining Arrestees.**" Whenever feasible, Department members will explain to the person who is the subject to involuntary admission what the restraining device is and why it is being used.

- E. Department members will remove property that is dangerous to life or will facilitate the escape of a person subject to involuntary admission prior to transport.
- F. The Department directive titled "**Approved Medical Facilities**" identifies the designated mental health intake facilities and the IDHS state-operated mental health centers for the transportation of arrestees and persons in need of mental health treatment.

NOTE: If the mental health intake facility determines that a person who is not in Department custody is in need of state-operated hospitalization, that mental health intake facility will be responsible for transporting the patient to the IDHS state-operated mental health center.

- G. The Department directive titled "**Person Determined to Pose a Clear and Present Danger**" provides guidelines to assist Department members in recognizing persons that pose a clear and present danger as determined by the Firearm Owners Identification Act [430 ILCS 65/8.1 (d)(2)].

H. Reporting Requirements

- 1. A Hospitalization Case Report will be completed and submitted whenever a Department member transports any person for mental health treatment, consistent with the Incident Reporting Guide (**CPD-63.451**).

NOTE: A Hospitalization Case Report (IUCR 5079) will be completed in addition to any other case report required to document the incident.

- 2. A Hospital Run Sheet (CPD-62.420) will be completed and submitted whenever a Department member transports a person to the hospital or has contact with any person who is transported to a hospital consistent with the Department directive titled "**Exposure Control Plan.**"
- 3. A Crisis Intervention (CIT) Report will be completed on CLEARNET when a member responds to a call for service that has a mental health component.

NOTE: A paper Mental Health - Crisis Intervention (CIT) Report (**CPD-15.520**) will be used if CLEARNET is unavailable.

- 4. A Mental Health Incident Notice (MHIN) (CPD-15.521) will be given when a member responds to a call for service that has a mental health component.
- 5. An Illinois State Police Person Determined to Pose a Clear and Present Danger form (**ISP 2-649**) will be completed consistent with Department directive titled "**Person Determined to Pose a Clear and Present Danger,**" if appropriate.

VII. PROCEDURES

- A. When dispatching calls for service, Office of Emergency Management and Communications (OEMC) will be responsible for assigning identified mental health-related calls for service to:

- 1. a certified CIT-trained officer, when available.
- 2. non-CIT-trained officer, if no certified CIT-trained officers are available.

NOTE: The lack of a certified CIT-trained officer will not delay dispatch of a mental health-related assignment. Dispatchers will not hold assignments pending the availability of a certified CIT-trained officer.

- B. OEMC dispatchers may deviate from the dispatch protocol outlined in Department directive titled "**Radio Communications**" when dispatching identified mental health-related calls for service.
- C. Non-CIT-trained officers may request the assistance of a certified CIT-trained officer(s) for assignments that have a mental health component. Certified CIT-trained officer(s) will be assigned as

available; however, the responsibility of the assignment will remain with the assigned non-CIT-trained officer.

- D. Officers are reminded that each incident involving an individual in crisis is unique and should be approached in an individualistic manner. Department members will interact with individuals in crisis with dignity and respect.
- E. A crisis intervention response may be necessary even in situations where there has been an apparent violation of law.
- F. For all dispatched mental health related incident calls, Department members will:
 - 1. accept job assignments by use of voice radio and the Acknowledge (ACK) key on the Portable Data Terminal (PDT); and
 - 2. show location status by use of the Enroute (ENRTE) and On-scene (ONSCN) key.
- G. No Department member will continue under the provisions of this directive when the circumstances clearly indicate that an active shooter, school violence incident, active threat incident, or SWAT situation exists. Department members will follow the procedures as delineated in the appropriate Department directives.
- H. Department members will not unreasonably endanger themselves or another person to conform to the procedures in this directive.
- I. An officer assigned to investigate an incident with a mental health component will:
 - 1. assess the situation.
 - 2. request a supervisor respond to the scene, if appropriate and available.
 - 3. request a certified CIT-trained officer to assist, if available.

NOTE: If a certified CIT-trained officer is not available to respond to a call or incident identified as involving an individual in crisis, the responding officer will engage in crisis intervention response techniques, as appropriate and consistent with Department policy and their training, throughout the incident.

- 4. protect the area, if possible, to limit external stimuli that can agitate the individual, escalate the situation, or provide opportunities for the individual to harm self or others.
- 5. use tactical positioning to create distance and mitigate the potential for a threatening response.
- 6. determine if the subject is in possession of a dangerous weapon and the need for weapons control and a zone of safety.

NOTE: Zone of safety is the distance to be maintained between the subject and the responding member(s). The distance should be greater than the effective range of the weapon (other than a firearm) and it may vary with each situation (e.g., type of weapon possessed, condition of the subject, surrounding area).

- 7. establish and maintain one on one communication with the subject and avoid giving simultaneous directions or having multiple members verbally engaging the subject to avoid confusion.
- 8. listen and speak in a calm and controlled tone of voice in order to gather the individual's concerns as a de-escalation strategy while helping to defuse fear, anxiety, or insecurity.
- 9. allow the subject time to process what is being said.
- 10. recognize the person may be overwhelmed by external and internal stimuli.
- 11. recognize a person's delusions and hallucinations are very real for them.

12. use every possible means to verbally de-escalate the situation before resorting to the use of equipment, physical restraints, or other use of force options as delineated in the Department directive titled "**Use Of Force.**"

NOTE: Department members will adhere to the procedures outlined in this directive when making contact with individuals in need of mental health treatment on the street, as well as during interviews and interrogations.

J. At the conclusion of an incident with a mental health component, the Department member assigned to investigate the incident will:

1. use a "Z – Zebra; Mental Health Related" code when requesting an RD Number for an I-UCR code or using the proper number-letter code from the Miscellaneous Incident Reporting Table at the conclusion of the incident.

- a. When requesting an RD Number using an I-UCR code, a "Z - Zebra" code will be added to the I-UCR code, via the OEMC dispatcher or the PDT, when the incident has a mental health component.

- (1) When requesting an RD Number from the OEMC dispatcher, Department members will add a "Z" to the appropriate I-UCR code.

EXAMPLE: "Please provide an RD Number for an 1160Z."

- (2) When using the PDT, Department members will select the appropriate I-UCR code from the drop-down menu and will add a "Z" to the I-UCR Code Box.

- b. When using the proper number-letter code from the Miscellaneous Incident Reporting Table, a "Z - Zebra" code will be added to the code, via the OEMC dispatcher or the PDT, when the incident has a mental health component.

- (1) When providing the proper number-letter code to the OEMC dispatcher, Department members will add a "Z" to the appropriate code.

EXAMPLE: "Please clear the assignment with a 19 -P (Paul), Z (Zebra).

- (2) When using the PDT, members will select the appropriate incident response codes from the drop-down menus and will add a "Z" to the code in the Disposition Box.

NOTE: If a Department member has already entered a "Z" code in the disposition box, the "YES" checkbox will automatically be checked. If the "Z" code was not entered, the member will respond to the question of whether the call had a mental health component by marking either the "YES" or "NO" checkbox. If the member does not respond, a pop up box will appear telling the user that they must respond to this question.

2. provide a Mental Health Incident Notice (MHIN) (CPD-15.521); and

- a. enter the beat and any associated Event # and/or RD # in the top portion of the MHIN;

- b. print their names and star numbers on the bottom of the MHIN; and

- c. explain sources of assistance are available, including the resources in the MHIN, to help redirect individuals in crisis to the healthcare system, available community resources, and available response options.

3. complete a Crisis Intervention (CIT) Report on CLEARNET, in addition to any other required reports.

NOTE: A paper Crisis Intervention (CIT) Report (CPD-15.520) will be used if CLEARNET is unavailable.

4. follow procedures outlined in the Department directive titled "**Person Determined to Pose a Clear and Present Danger**" to complete the Illinois State Police Person Determined to Pose a Clear and Present Danger form (ISP 2-649) when the individual:
 - a. communicates a serious threat of physical violence against a reasonably identifiable victim; or
 - b. poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner; or
 - c. demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official.

K. District supervisors will:

1. ensure that the daily assignment roster sent to OEMC and entered into the PCAD reflects CIT members by placing the letter "Z" next to their names.

NOTE: A roster of certified CIT-trained members is available via the eLearning application.

2. respond and provide supervisory guidance and support consistent with training for mental health assignments when requested, or when feasible, if not requested,
3. direct the actions of first responders, while allowing the designated member to continue interactions with the subject.
4. assess the situation to determine:
 - a. the appropriateness of the application of the principles of this directive and the Department's **Use of Force** policy including whether an alternative force option is appropriate and should be considered.
 - b. if additional resources are required that have not already been requested, including a SORT vehicle.
5. establish and maintain firearms control of the Department members on scene.
6. designate the appropriate inner and outer perimeter for the incident.
7. continually evaluate the incident and direct appropriate actions or modifications to the initial response tactics.
8. ensure the proper use of the "Z – Zebra; Mental Health Related" code at the conclusion of the incident.
9. review and if appropriate, approve the completed case report submitted for their approval, consistent with the guidelines established in the Incident Reporting Guide (IRG) (CPD-63.451).
10. review and if appropriate, approve the completed Crisis Intervention (CIT) Report submitted for their approval.

11. if completed, review the ISP Determined to Pose and Clear and Present Danger form (ISP 2-649) for completeness and accuracy, and place initials and star number on the lower right-hand corner. The reviewing supervisor will:
 - a. ensure the approved ISP form and any supporting documentation is faxed to the Illinois State Police within 24 hours per the instructions listed on the form.
 - b. ensure copies of the approved form and any supporting documentation are forwarded to:
 - (1) District of occurrence;
 - (2) Firearms Investigation Team (FIT), Unit 193; and
 - (3) Crisis Intervention Unit, Unit 143.
 - c. ensure the original ISP form and any supporting documentation is forwarded to the district review office for routing to the Records Division, Unit 162.

L. Special Weapons and Tactics (SWAT)

1. The Special Operations Response Team (SORT) are operational members of the SWAT Team assigned to mobile field patrol duties.
2. SORT has specialized training and less lethal equipment to assist district personnel in successful resolutions when handling incidents involving persons in need of mental health treatment.
3. SORT will provide a tactical response when the potential for injury or loss of life is present in cases of incidents involving persons in need of mental health treatment and the circumstances are beyond the available resources of the district response.

Authenticated by: KC

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Superintendent of Police

17-099 VM

ADDENDA:

1. S04-20-02 - Persons Subject to Involuntary or Voluntary Admission Non-Arrestees
2. S04-20-03 - Persons on Unauthorized Absence (UA) From a State-Operated Mental Health Center
3. S04-20-04 - Mental Health Transport and Related Duties Matrix
4. S04-20-05 - Arrestees in Need of Mental Health Treatment