

# Germantown Police Department

## Policies and Procedures

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**Number:** 9-4  
**Effective Date:** February 14, 2012  
**Subject:** Emergency Detention Response  
**Previous Revisions:** January 1, 2003; January 1, 2004

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### **I. PURPOSE**

The purpose of this policy is to establish guidelines for the officers who encounter EDPs (Emotionally Disturbed Persons).

### **II. POLICY**

It is the policy of the Germantown Police Department that all officers should respond to calls involving Emotionally Disturbed Persons in a cautious, consistent, and standardized manner.

### **III. PROCEDURES FOR NON-EMERGENCY CIVIL COMMITMENT**

If an officer receives a request for information as to non-emergency civil commitment, the officer may advise the citizen as follows:

A petition may be filed by a family member in Probate Court seeking to have an individual examined by doctors. This procedure, under Tenn. Code Ann. §33-6-502, allows treatment to be ordered for persons who are suspected to be mentally ill, but does not fit the guidelines for a Tenn. Code Ann. §33-6-401 - Emergency Detention.

### **IV. PROCEDURES FOR TAKING MENTALLY ILL PERSONS INTO CUSTODY**

The State Mental Health law has defined and established the right of law enforcement officers to take alleged Emotionally Disturbed Persons into custody for evaluation.

The Crisis Intervention Team (C.I.T.) was established and has been specially trained to help the department deal with Emotionally Disturbed Persons who require police assistance. Whenever practicable, a member of the C.I.T. should be dispatched to calls involving Emotionally Disturbed Persons. Likewise, any on-duty C.I.T. officer who hears a call dispatched involving an Emotionally Disturbed Person should respond to that call.

The only time an Emotionally Disturbed Person can be taken into custody solely for being emotionally disturbed is in an "Emergency Detention" situation. (Exception: Non-Emergency Civil

Commitment as outlined in Tenn. Code Ann. §33-6-502 – “Prerequisites to Judicial Commitment for Involuntary Care and Treatment”).

Officers may take a person into custody who has a mental illness or serious emotional disturbance AND who poses an immediate substantial likelihood of serious harm because of the mental illness or serious emotional disturbance. A "substantial likelihood of serious harm" is defined in Tenn. Code Ann. §33-6-501 as follows:

**IF AND ONLY IF:**

- 1. A person has threatened or attempted suicide or to inflict serious bodily harm on such person, OR**
- 2. The person has threatened or attempted homicide or other violent behavior, OR**
- 3. The person has placed others in reasonable fear of violent behavior and serious physical harm to them, OR**
- 4. The person is unable to avoid severe impairment or injury from specific risks, AND**
- 5. There is a substantial likelihood that such harm will occur unless the person is placed under involuntary treatment.**

In addition to a law enforcement officer, a licensed psychologist, or other mental health professional as provided in Tenn. Code Ann. §33-6-427, is authorized to make an emergency detention pursuant to Tenn. Code Ann. §33-6-401 and §33-6-402. If the law enforcement officer is on the scene and agrees that the emergency detention is appropriate, then the officer may assist in the detention.

The emergency detention law is intended to allow police officers 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 officer arrives on the scene. The person may be taken into custody when the officer arrived, and there is sufficient information available to lead the officer to a reasonable belief that the person is dangerous. This belief can be based on statement of the person, witnesses, family members, and on the physical scene itself (broken dishes, windows, furniture, torn clothing, weapons, etc.).

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 officer 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."

The intent of the law is that the officer will be able to take a person into custody pursuant to Tenn. Code Ann. §33-6-401 if he/she feels that the failure to do so will probably result in physical harm to the person or others.

**A. ON-SITE MENTAL HEALTH ASSESSMENTS**

1. An officer is authorized to take a person into custody based on information and/or personal observations that can substantiate a Tenn. Code Ann. §33-6-401 emergency detention, and
2. If a licensed psychologist or other mental health professional, as provided in Tenn. Code Ann. §33-6-427 advises the officer the person is subject to custody under Tenn. Code Ann. §33-6-401.
3. Officers will then consider which facility to transport based on whether the patient is an adult or juvenile, charged with a criminal violation, and if treatment for injuries is needed, before making a final decision.

**B. TRANSPORTING EMOTIONALLY DISTURBED PERSONS** (Tenn. Code Ann. §33-6-401)

When an officer takes an Emotionally Disturbed Person into custody, the officer should transport the individual according to the procedures outlined below:

1. **ADULT** (*EMOTIONALLY DISTURBED PERSONS*) **CHARGED WITH A CRIMINAL OFFENSE** shall be transported to the Regional Medical Center (The Med), 877 Jefferson Avenue, Memphis, TN 38103, Phone 545-7100, Detention Phone 545-7450. *Mobile Crisis Assessment (24 hours) Phone 577-9400 may be contacted to conduct an assessment of persons in custody prior to transport to The Med.*
2. **ADULT** (*EMOTIONALLY DISTURBED PERSONS*) **NOT CHARGED WITH A CRIMINAL OFFENSE** shall be transported to Lakeside Behavioral Health System, 2911 Brunswick Road, Memphis, TN, Phone 377-4700, or the Crisis Assessment Center (CAC), 135 North Pauline, 2<sup>nd</sup> Floor, Memphis, TN 38105, Phone 577-9400.
3. **JUVENILE** (*14-17 YEARS OF AGE EMOTIONALLY DISTURBED PERSONS*) **CHARGED WITH A CRIMINAL OFFENSE** shall be transported to the Regional Medical Center (The Med), 877 Jefferson Avenue, Memphis, TN 38103, Phone 545-7100, Detention Phone 545-7450.
4. **JUVENILE** (*14-17 YEARS OF AGE EMOTIONALLY DISTURBED PERSONS*) **NOT CHARGED WITH A CRIMINAL OFFENSE** shall be transported to Lakeside Behavioral System, 2911 Brunswick Road, Memphis, TN, Phone 377-4700. OR Saint Francis Hospital, Behavioral Health Clinic, 5959 Park Avenue, Memphis, TN 38119, Phone 765-1400.

5. **JUVENILE (0-13 YEARS OF AGE EMOTIONALLY DISTURBED PERSONS)** shall be transported to LeBonheur Hospital, 50 North Dunlap, Memphis, TN 38103, Phone 287-5437, Emergency Room Phone 287-7700.

**C. TRANSPORTING TO THE MED (EMOTIONALLY DISTURBED PERSONS) CHARGED WITH A CRIMINAL OFFENSE**

1. When transporting becomes necessary regarding a Tenn. Code Ann. §33-6-401 call, then such transporting will be to The Med. 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. When an Emotionally Disturbed Person is brought to The Med with criminal charges, the following procedures should be completed by the arresting officers:
3. Arrest Reports: The patient and a copy of the emergency detention arrest report will be delivered to The Med Psychiatric Station. Arrest reports should contain all information detailing the nature of the individual's mental illness, including, but not limited to, types of medication, statements made by individuals, behavior, physical appearance, name of physician, and if applicable, previous incidents, etc. This information is vital to the attending physician when his/her assessment of the illness is conducted.
4. The arresting officer should complete an original arrest report and stay with the arrestee in The Med holding area until the arrestee is evaluated. (The officer may be requested to complete a hold form and a copy of the arrest report for The Med officers).
5. A patient/prisoner with pending criminal charges who is subsequently referred to MMHI from The Med will be transported by a Med officer when sufficient staff is available and delivered by MMHI with the following documents:
  - a. A copy of the arrest report
  - b. Certificate of need
  - c. The original and copy of hold ticket
  - d. The transporting officer will return a signed copy (by MMHI personnel) of the hold ticket with the original arrest report
6. The officer will submit the arrest report, including an affidavit (only for the criminal charges) and related documents to a supervisor for approval, then place the report in the completed paperwork tray in the squad room.

7. If the patient/prisoner is **NOT** referred to MMHI for further proceedings, then the patient will be transferred to the city jail facility by a transporting officer, who will then follow normal arrest booking procedures.
8. If the patient/prisoner is taken into custody for Tenn. Code Ann. §33-6-104, with no new criminal charges, but a warrant has indicated an outstanding criminal warrant, then:
  - a. Warrant is to be verified and a warrant number is to be obtained from the dispatcher.
  - b. Patient/prisoner is transported to The Med holding
  - c. Arresting officer completes The Med hold ticket
  - d. Hold ticket is left with The Med officers
  - e. Arresting officer completes original arrest report noting facts pertaining to Tenn. Code Ann. §33-6-401 custody, also including information regarding verified warrant (warrant number).
9. After completing tasks (a-e), the arresting officer may return to service.
10. Patient/prisoner with an outstanding warrant who is subsequently referred to MMHI from The Med will be transported by a Med officer when sufficient staff is available and delivered to MMHI with the following documents:
  - a. Copy of arrest report
  - b. Certificate of need
  - c. The original and copy of hold ticket
11. The transporting officer will return a signed copy (by MMHI personnel) of the hold ticket back to The Med holding station.
12. After patient/prisoner has been delivered to MMHI, the transporting officer will proceed immediately to the fugitive squad and submit a copy of the arrest report of the patient/prisoner.
13. The existence of an outstanding warrant, along with the warrant number, should be noted in the arrest report narrative.
14. Fugitive squad personnel are to be advised that patient/prisoner is being held at MMHI. After completion of this task, the transporting officer may return to service.
15. If the patient/prisoner is **NOT** referred to MMHI for further proceedings, then the patient/prisoner and a copy of the arrest ticket will be transported to (1) the Shelby County fugitive squad, or (2) to the City jail facility on an outstanding Germantown warrant.

## D. TRANSPORTING BY AMBULANCE

1. In the event of an attempted suicide, injury or illness, paramedics will address the patient's need for medical and transportation services (Tenn. Code Ann. §33-6-401). In addition to Tenn. Code Ann. §33-6-401 facts, if **ANY** of the following circumstances exists, then the patient should be transported to The Med:
  - a. **Patient is out of control** (acting out) and presents the likelihood of a continued confrontational encounter.
  - b. **No private hospital is willing or has agreed to accept** the patient.
  - c. **Possibility of criminal charges.**
2. The patient may be transported to a private hospital under each of the following procedures (non-custody):
  - a. The patient (Tenn. Code Ann. §33-6-401) is in need of medical attention as a result of an attempted suicide.
  - b. The patient is cooperating with paramedics, and there is no evidence or information that would support further violence.
  - c. A private hospital has agreed to accept the patient.
3. The receiving hospital has the responsibility to treat the patient for medical and psychological concerns (first signature evaluation, if necessary).
4. Officers are not required to accompany paramedics or maintain a presence at a receiving hospital.
5. The patient is not under arrest pursuant to Tenn. Code Ann. §33-6-401. **Officers will take an Attempted Suicide Offense Report.**
6. If a Tenn. Code Ann. §33-6-401 patient is in need of medical care and the paramedics request police assistance or intervention regarding transporting, officers will charge the patient with Tenn. Code Ann. §33-6-401 (Emergency Detention).
7. The patient is to be transported to The Med and an arrest report is to be submitted. If requested, an officer will accompany paramedics during transport.
8. If paramedics advise that a patient is medically stable and does not require ambulance services, and the officer can substantiate the charge of Tenn. Code Ann. §33-6-401, then the officer should transport patient to The Med.

9. If criminal and emergency commitment charges are placed on a patient in need of medical care, then the patient is to be transported to The Med.

**E. TRANSPORTING JUVENILES**

1. **JUVENILE** (*AGE 0-13 Emotionally Disturbed Persons*) who are taken into custody pursuant to Tenn. Code Ann. §33-6-401, will be transported to LeBonheur Hospital Emergency Room. A parent or guardian must meet the officer at the hospital. The transporting officer will stay with the juvenile until the parent or guardian arrives.
2. **JUVENILE** (*AGE 14-17 Emotionally Disturbed Persons*) who are charged with a criminal offense will be transported to The Regional Medical Center (The Med), 877 Jefferson Avenue, Memphis, TN 38103, Phone 545-7100, Detention Phone 545-7450.
3. **JUVENILE** (*AGE 14-17 Emotionally Disturbed Persons*) who are not charged with a criminal offense will be transported to Lakeside Behavioral Health System, 2911 Brunswick Road, Memphis, TN, Phone 377-4700, OR Saint Francis Hospital, Behavioral Health Clinic, 5959 Park Avenue, Memphis, TN 38119, Phone 765-1400, or to the Crisis Assessment Center (CAC), 135 North Pauline, 2<sup>nd</sup> Floor, Memphis, TN 38105, Phone 577-9400.

**F. TRANSPORTING FROM A PRIVATE HOSPITAL TO ANOTHER FACILITY**

1. Private hospitals that request transportation to other hospitals or facilities are to be advised to contact a private ambulance.
2. If a private hospital is unable to obtain a private ambulance service, then an officer will accommodate a transport to MMHI (only) per the procedures outlined in Section I.
3. Hospital disturbance call – See Section J.

**G. TRANSPORTING TO ST. FRANCIS BEHAVIORAL HEALTH CLINIC**

1. St. Francis Behavioral Health Clinic located at 5959 Park Avenue, Memphis, TN 38119, will only receive **JUVENILE** (*AGE 14-17 Emotionally Disturbed Persons*) who are not charged with a crime or wanted for a criminal violation, who are not injured, that have been taken into custody by the Germantown Police Department under Tenn. Code Ann. §33-6-401 for a mental health assessment.

2. St. Francis Behavioral Health Clinic will be available to receive **JUVENILE** (*AGE 14-17 Emotionally Disturbed Persons*) 24 hours per day/7 days per week. Support staff requests that the transporting officer contact their office at 765-1400 prior to transport.
3. St. Francis Behavioral Health Clinic will provide a no-cost to the Germantown Police Department assessment and referral service for transported **JUVENILE** (*AGE 14-17 Emotionally Disturbed Persons*).
4. St. Francis Behavioral Health Clinic staff will meet Germantown Police Department officers in a timely manner and accept report of the incident that led to the transport in the form of a copy of the involuntary emergency commitment arrest ticket.
5. St. Francis Behavioral Health Clinic will take custody of the **JUVENILE** (*AGE 14-17 Emotionally Disturbed Persons*) and place them in a secure location so the officer(s) may depart and return to service.
6. St. Francis Behavioral Health Clinic staff will assess the **JUVENILE** (*AGE 14-17 Emotionally Disturbed Persons*), including a nursing screen and psychosocial assessment and refer them to the most clinically appropriate level of care to meet their needs.

**H. TRANSPORTING TO LAKESIDE INTENSIVE CARE ASSESSMENT CENTER**

1. Lakeside will receive all **ADULT** (*Emotionally Disturbed Persons*) and all **JUVENILE** (*Age 14-17 Emotionally Disturbed Persons*) who are not charged with a crime, wanted for a criminal violation, who are not injured, that have been taken into custody by the Germantown Police Department under Tenn. Code Ann. §33-6-401 for a mental health assessment.
2. Lakeside will be available to receive persons described above 24 hours per day/7 days per week. Support staff requests that the transporting officer contact them at 377-4733 prior to transport to Lakeside Intensive Care Assessment Center (ICAC) located at 2929 Brunswick Road, in Bartlett, TN.
3. Lakeside will provide a no-cost assessment and referral service for transported persons described above according to facility policy and consistent with the same service provided all patients seeking services at the facility.
4. Lakeside will greet Germantown Police officers in a timely manner, accept report of the incident that led to the transport, receive the arrest ticket and relieve the officer so they can depart.



## **I. TRANSPORTING TO MMHI (STATE HOSPITAL)**

1. Certificate of need is required.
2. Medical clearance is required. (Medical clearance defined: Given by a medical doctor stating that the patient (Tenn. Code Ann. §33-6-401) has no immediate medical problems that require medical intervention). Transporting the patient to The Med completes the requirement of obtaining medical clearance for MMHI.
3. MMHI approval is required. Hospital should obtain MMHI staff approval before a patient is transferred. If the patient is not committable to MMHI, then the patient would not be an appropriate Tenn. Code Ann. §33-6-401 transport.
4. When transporting to MMHI, the officer will complete an arrest report noting the “Emergency Commitment” and the transport disposition and deliver a “Certificate of Need” medical clearance documentation and a copy of the arrest report.
5. The original arrest report (with no criminal charges) is to be submitted to the shift supervisor.

## **J. TRANSPORTING FROM PRIVATE HOSPITAL**

1. If an EDP (*Emotionally Disturbed Person*) walks into a hospital ER and causes a disturbance which jeopardizes the safety of hospital personnel and the public, and the person is exhibiting behavior consistent with Tenn. Code Ann. §33-6-401, and the person is **NOT A PATIENT** at that hospital, and police action is the most prudent response, then officers should effect an emergency detention arrest (Tenn. Code Ann. §33-6-401).
2. The officer should transport the EDP who is not charged with a criminal offense to the appropriate mental health facility listed earlier.
3. If the EDP is a patient in the medical facility, it is the medical facility’s responsibility to make arrangements for a mental health assessment.

## **K. TRANSPORTING FROM CLINIC OR MEDICAL OFFICE**

1. Tenn. Code Ann. §33-6-401 allows a licensed psychologist or other mental health professional as provided in Tenn. Code Ann. §33-6-401 to authorize custody (Tenn. Code Ann. §33-6-401) of a patient. The ideal situation would be to have a licensed psychologist or other mental health

professional meet the officers on the scene and to articulate the facts which substantiate Tenn. Code Ann. §33-6-401. However, this is not always feasible in every circumstance.

2. If the licensed psychologist or other mental health professional is not present on the scene, the most practical response would be to have a CIT (Crisis Intervention Officer) interview and evaluate the EDP, and then make an attempt to contact the clinic or medical office's mental health professional for further information.
3. If contact is made with the clinic or medical office's mental health professional and after receiving facts supporting an emergency detention under Tenn. Code Ann. §33-6-401, the CIT officer should transport the EDP to the appropriate mental health facility listed earlier.
4. If no contact is made with the clinic or medical office's mental health professional, the City officer should contact a supervisor and take the appropriate actions deemed necessary.
5. Officers that are requested to take involuntary custody action should consider how reasonable the request for officers to take action is. Most requests involve "attempted suicide calls." Example: A physician advises officers 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 with officers. Officers should contact a supervisor.
6. The question is how reasonable it would be to force entry or set up for a barricade. The totality of the facts and circumstances must be considered in order to determine what is a reasonable request and the immediacy to act accordingly.
7. There are occasions when a licensed psychologist or other mental health professional will meet an officer on the scene (non-hospital) with a signed certificate of need. In this situation, the officer would receive facts that support Tenn. Code Ann. §33-6-401 custody and transport the patient to the appropriate mental health facility.
8. In the event a dispute arises regarding the Police Department's emergency detention transport policy, a commanding officer will be called to the scene.

## **V. CRISIS INTERVENTION TEAM**

- A. The Crisis Intervention Team (C.I.T.) is composed of officers from each division of the department. C.I.T. officers have received specialized training with regard

to dealing with mental disturbance type events. C.I.T. officers currently respond to regular police service calls, in addition to mental disturbance crisis events.

- B. On all police service calls involving EDPs in a disturbance/crisis event, the Communications Center will dispatch the nearest available C.I.T. officer(s), along with the necessary district officer.
- C. The C.I.T. officer(s) on the scene of a mental crisis call has the duty and responsibility of that scene and, if necessary, should advise other officers of any requests that support a team effort for a safe and appropriate disposition. The C.I.T. officer(s) will maintain scene responsibility unless otherwise directed by a supervising officer.
- D. If a C.I.T. officer is not available for a crisis call, the Communications Center will dispatch all appropriate patrol units. The first officer(s) on the scene of a mental disturbance/crisis call where a C.I.T. officer is not available for the response will evaluate the situation based on the information and circumstances as presented and/or known. If the responding officer finds that he/she is in a situation where a C.I.T. officer(s) is necessary, the scene officer will request that the Communications Center contact a supervisor.
- E. Upon completing a response to a mental crisis call, the non-C.I.T. officer, C.I.T. officer or police supervisor shall complete a C.I.T. team stat sheet form. The form with a copy of the arrest report shall be forwarded to the C.I.T. coordinator and patrol inspector for review.

## **VI. REVIEW PROCESS**

An annual review of this policy will be conducted to determine if it should be revised, cancelled or continued in its present form.

This order shall remain in effect until revoked or suspended by competent authority.