



# RECOGNIZING AND RESPONDING TO INDIVIDUALS IN CRISIS



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<b>INDEX CATEGORY:</b>	04 - Preliminary Investigations		
<b>CALEA:</b>	Law Enforcement Standard in Chapter 41		

## 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 persons under arrest 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 adults under arrest 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 under inpatient treatment 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 ([CPD-15.520](#)).
- F. continues the Crisis Intervention (CIT) Report on CLEARNET.
- G. continues the Illinois State Police Person Determined to Pose a Clear and Present Danger form ([ISP 2-649](#)).
- 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. continues the Mental Health Incident Notice (MHIN) ([CPD-15.521](#)).

## 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 request additional resources to ensure the safety of all persons involved.

4. using force consistent with the Department directive titled "[De-escalation, Response to Resistance, and Use of Force.](#)"
  5. training Department members in recognizing the signs and symptoms of mental health conditions 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 Not Under Arrest, But in Need of Voluntary or Involuntary Treatment.**"
- NOTE:** Department members may utilize discretion when using restraining devices on individuals in crisis who are unarmed, not violent, and willing to comply.
2. is not immediately dangerous, Department members will contain the individual until assistance arrives.
  3. is armed, Department members will not attempt to take the individual into custody without the specific direction of a supervisor unless there is an immediate threat of physical harm to the individual, 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 Health Condition** — 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 health conditions can be treated through various approaches, allowing individuals to maintain recovery from many of its symptoms.
- B. **Individual in Crisis** — an individual who exhibits symptoms of known, suspected, or perceived behavioral and mental health conditions, including, but not limited to, mental illness, intellectual or developmental disability, or co-occurring conditions, such as substance use disorders.
- C. **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, ambulatory movement, self-direction, self-care, independent living, and economic self-sufficiency.

- D. **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.
- E. **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 are not expected to diagnose mental health conditions, emotional conditions, or substance use disorders, but rather recognize behaviors that are potentially indicative of an individual in crisis, with special emphasis on those that suggest potential violence or danger to self or to others. Department members will utilize their training and the following guidelines to assist in recognizing individuals in crisis and in need of intervention.

A. The following are generalized signs and symptoms of behavior that may suggest an individual is experiencing a mental health crisis, but each should be evaluated within the context of the entire situation. Department members should not rule out other potential causes, such as alcohol or drugs, temporary emotional crises that are situational, or medical conditions. Department members should be aware that one or more verbal, behavioral, and environmental cues could suggest the individual is in need of mental health treatment. These include, but are not limited to the following:

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; seeing things others cannot see, e.g. believing a satellite [or streetlight] is watching him/her;
  - d. disorganized or slurred 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, poor personal hygiene;
  - 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;
  - h. unresponsive to verbal commands;
  - i. difficulty with motor skills or loss of coordination, e.g. stumbling, swaying or dropping things;
  - j. strong and unrelenting fear of persons, places, or things;

- k. frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in response to the situation;
  - l. obsession with recurrent and uncontrolled thoughts, ideas, and images;
  - m. extreme confusion, fright, paranoia, or depression.
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 should be aware of 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 Not Under Arrest, But in Need of Voluntary or Involuntary Treatment."**

## VI. GENERAL INFORMATION

- A. The Department directive titled **"Persons Not Under Arrest, But in Need of Voluntary or Involuntary Treatment?"** 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 treatment consistent with the Department directive titled **"Persons Not Under Arrest, But in Need of Voluntary or Involuntary Treatment"** 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 persons under arrest and individuals 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](#)). 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.
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 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 Designated CIT officer, when available.
  2. CIT-trained officer, if no Designated CIT officers are available.
 

**NOTE:** The lack of a Designated CIT officer will not delay dispatch of a mental health-related assignment. Dispatchers will not hold assignments pending the availability of a Designated CIT officer.
  3. Non-CIT-trained officer when a CIT-trained officer is unavailable.
- 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-Designated CIT officers will request the assistance of a Designated CIT officer(s) for assignments that have a mental health component. Designated CIT officer(s) will be assigned as available and will take the lead in interacting with individuals in crisis, once on scene; however, the responsibility of the assignment will remain with the assigned non-Designated CIT 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 Designated CIT officer to assist, if available.
- NOTE:** If a Designated CIT 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. Responding officers will document all incidents involving an individual in crisis.
4. if possible, limit external stimuli that can agitate the individual, escalate the situation, or provide opportunities for the individual to harm self or others (e.g. when safe to do so, turn radio down, turn lights/sirens off, or remove unnecessary people from the scene.)
  5. use tactical positioning to create distance and mitigate the potential for a threatening response.
  6. determine if the individual 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 individual 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 individual, surrounding area).
7. establish and maintain one on one communication with the individual and avoid giving simultaneous directions or having multiple members verbally engaging the individual 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 individual 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.
- NOTE:** Department members will interact with individuals in crisis with dignity and respect. Members should refrain from stating they can see and hear the same thing an individual in crisis is experiencing as delusion and/or hallucination.
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 "[De-escalation, Response to Resistance, and 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 alternative 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. A roster of Designated CIT Officers is available via the eLearning application.

**REMINDER:** *District station supervisors in accordance with Department directive "District Station Supervisor" will prepare and post the daily schedule assignment line-ups are submitted via the Police Computer-Aided Dispatch (PCAD) system to the Office of Emergency Management and Communications (OEMC) one hour prior to each roll call.*

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 individual.
4. assess the situation to determine:
  - a. the appropriateness of the application of the principles of this directive and the Department's De-escalation, Response to Resistance, and 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 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 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 responding to 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 incidents involving persons in need of mental health treatment and the circumstances are beyond the available resources of the district response.

## VIII. PROGRAMS AND RESOURCES

- A. When a criminal or other offense (e.g. Administrative Notice of Ordinance Violation (ANOV) or Personal Service Citation) is not involved and there are not sufficient grounds for taking the individual in crisis into custody for their own protection, or the protection of others, Department members will seek alternative options and divert individuals with mental health and substance use disorders away from the criminal justice and emergency medical systems. These include, but are not limited to:
  1. The Department directive titled "[Crisis Assistance Response and Engagement \(CARE\) Pilot Program](#)" provides face-to-face engagement, crisis de-escalation, medical and psychosocial assessment, and referral or warm hand-off to community resources, including non-emergency transport, care coordination, and follow-up for individuals between the ages of 18 and 64 that are the subject of a 911 call or at the request of on-site officers for a mental health crisis.
  2. The Department directive titled "[Narcotics Arrest Diversion Program](#)" directs an eligible person under arrest, upon their consent to a Department-approved addiction counselor. The Department-approved addiction counselor will direct the person under arrest to a Department-approved treatment provider or social service agency in lieu of criminal charges.
  3. [Community Mental Health Centers](#) — provides support to individuals experiencing mental health related difficulties, with an array of treatment approaches and services based on the needs identified by the person.

<p><b>Englewood MHC</b> 641 W. 63rd Street Phone: 312.747.7496 Hours of Operation: Mon - Fri: 8:30 am - 4:30 pm.</p>	<p><b>Greater Grand/MID-South MHC</b> 4314 S Cottage Grove Phone: 312.747.0036 Hours of Operation: Mon - Fri: 8:30 am - 4:30 pm.</p>
<p><b>Greater Lawn MHC</b> 4150 West 55th Street Phone: 312.747.1020 Hours of Operation: Mon, Wed, and Fri: 8:30 am - 4:30 pm Tues and Thurs: 8:30 am - 8:30 pm</p>	<p><b>Lawndale MHC</b> 1105 S Western Phone: 312.746.5905 Hours of Operation: Mon - Fri: 8:30 am - 4:30 pm.</p>
<p><b>North River MHC</b> 5801 North Pulaski Road Phone: 312.744.1906 Hours of Operation: Mon - Fri: 8:30 am - 4:30 pm.</p>	<p><b>Roseland MHC</b> <b>120 W. 111th St.</b> <b>773.291.2501</b></p>

4. [Living Room Program \(LRP\)](#) — *is for individuals in need of a crisis respite program with services and supports designed to proactively divert crises and break the cycle of psychiatric hospitalization. The LRP provides a safe, inviting, home-like atmosphere where individuals can calmly process the crisis event, as well as learn and apply wellness strategies which may prevent future crisis events. The LRP is staffed by Recovery Support Specialists. Individuals seeking services at LRP's are screened for safety by Qualified Mental Health Professionals upon entry and exit. Individuals experiencing psychiatric crises may self-refer, or may be referred by police, fire, emergency departments or other organizations with which an individual experiencing such a crisis may come into contact.*

<p><b>Healthcare Alternative Systems</b> 5005 W. Fullerton Avenue (773) 745-7107</p>	<p><b>Thresholds</b> 4423 N. Ravenswood Avenue (773) 537-3601</p>
<p><b>Renaissance Social Services</b> 4835 W. Chicago Avenue (312) 350-2784</p>	<p><b>Rincon Family Services</b> 3710 N. Kedzie Avenue (773) 564-9070</p>

5. [Federally Qualified Health Centers \(FQHC\)](#) — *community-based organizations that provide comprehensive primary care and preventive care, including health, oral, mental health, and substance use treatment services to persons of all ages, regardless of their ability to pay or health insurance status. There are more than 160 FQHC clinics in the Chicago area. The following link provides a complete list of FQHCs in the Chicago area: <https://findahealthcenter.hrsa.gov/?zip=60630&radius=5&incrementalsearch=true>*

6. [Screening, Assessments and Support Services \(SASS\)](#) — is a crisis mental health service program for children and adolescents, who are experiencing a psychiatric emergency. SASS agencies provide intensive mental health services for eligible children and youth who may need hospitalization, or community based mental health care. SASS services are available by calling the **Crisis and Referral Entry Services (CARES) Crisis line at 1-800-345-9049.**

<b>Community Counseling Centers of Chicago</b> 4740 North Clark Street Chicago, IL 60640 773-365-7277	<b>Mount Sinai Hospital Medical Center</b> 1500 South California Avenue Chicago, IL 60608 (773) 257-4750
<b>Ada S. McKinley Community Services</b> 1359 West Washington Street Chicago, IL 60607 312-554-0600	<b>Metropolitan Family Services</b> One North Dearborn, Suite 1000 Chicago, IL 60602 312-986-4000
<b>Lutheran Social Services of Illinois</b> 4840 West Byron Street Chicago, IL 60641 773-282-7800	

7. [National Alliance on Mental Illness \(NAMI\)](#) — The NAMI Chicago Helpline supports individuals, families, professionals, and community members in understanding and using the mental health system. The City of Chicago non-emergency 3-1-1 line provides a direct link to the NAMI Chicago helpline. Additionally, the NAMI Chicago Helpline can be accessed directly on Mondays - Fridays from 9 a.m. - 8 p.m. and Saturdays - Sundays from 9 a.m. - 5 p.m. at: **833-NAMI-CHI or 833-626-4244.**
8. [Smart 911](#) — The City of Chicago offers a free service that allows residents to create a free Smart 911 Safety Profile for their household. This secure Safety Profile provides 9-1-1 key details about their household to ensure first responders have important information when an emergency occurs to assist in their response. Then, when anyone in that household dials 9-1-1 from a phone associated with their Safety Profile, their profile is immediately displayed to the 9-1-1 call taker providing this valuable additional information that can be used to facilitate the proper response. Tips that may be provided to assist first responders include the medical and mental health conditions of individual(s) in the home.

Authenticated by MWK

David O. Brown  
 Superintendent of Police

22-002 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



**PERSONS NOT UNDER ARREST BUT IN NEED OF INVOLUNTARY OR VOLUNTARY TREATMENT**



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<b>CALEA:</b>	Law Enforcement Standard Chapter 41		

**I. PURPOSE**

This directive:

- A. establishes the procedures for the involuntary or voluntary admission of a person not originally in Department custody to a designated mental health intake facility as outlined in the Department directive titled "[Approved Medical Facilities](#)."
- B. states the Emergency Admission by Certification provision of the Illinois Compiled Statutes Mental Health and Developmental Disabilities Code ([405 ILCS 5](#)).

**II. ADDITIONAL RESOURCES FOR ADULTS IN NEED OF INVOLUNTARY ADMISSION**

- A. Emergency Admission by Certification - [405 ILCS 5/3-600](#)
- B. Persons Subject to Involuntary Admission - [405 ILCS 5/1-119](#)
- C. Involuntary Admission; Petition - [405 ILCS 5/3-601](#)
- D. A peace officer may take a person into custody and transport him or her to a mental health facility when the peace officer has reasonable grounds to believe that the person is subject to involuntary admission on an inpatient basis and in need of immediate hospitalization to protect such person or others from physical harm. Upon arrival at the facility, the peace officer may complete the petition under Section 3-601. If the petition is not completed by the peace officer transporting the person, the transporting officer's name, badge number, and employer shall be included in the petition as a potential witness as provided in Section 3-601 of this chapter.

**III. REFERENCES CONCERNING ADMISSION OF MINORS**

- A. Admission of Minors - [405 ILCS 5/3-500](#)
- B. Admission of Minor 16 years of age or older - [405 ILCS 5/3-502](#)
- C. Admission on Application of Parent or Guardian - [405 ILCS 5/3-503](#)
- D. Minors; Emergency Admissions - [405 ILCS 5/3-504](#)
- E. A peace officer may take a minor into custody and transport the minor to a mental health facility when the peace officer has reasonable grounds to believe that the minor is eligible for admission under Section 3-503 and is in a condition that immediate hospitalization is necessary in order to protect the minor or others from physical harm. Upon arrival at the facility, the peace officer shall complete an application under Section 3-503 and shall further include a detailed statement of the reason for the assertion that immediate hospitalization is necessary, including a description of any acts or significant threats supporting the assertion, the time and place of the occurrence of those acts or threats, and the names, addresses and telephone numbers of other witnesses of those acts or threats.

**IV. REFERENCES CONCERNING PERSONS WITH INTELLECTUAL DISABILITIES**

- A. Emergency Admission of Persons with Intellectual Disabilities - [405 ILCS 5/4-400](#)

- B. Emergency Admission; Petition - [405 ILCS 5/4-401](#)
- C. A peace officer may take a person into custody and transport him *or her* to a facility when, as a result of his personal observation, the peace officer has reasonable grounds to believe that the person meets the standard for emergency admission. Upon arrival at the facility, the peace officer shall complete a petition for emergency admission.

## V. INVOLUNTARY ADMISSION

- A. *A person subject to involuntary admission on an inpatient basis is defined accordance to [405 ILCS 5/1-119](#) as follows:*
  - 1. *a person with mental illness who because of his or her illness is reasonably expected, unless treated on an inpatient basis, to engage in conduct placing such person or another in physical harm or in reasonable expectation of being physically harmed;*
  - 2. *a person with mental illness who because of his or her illness is unable to provide for his or her basic physical needs so as to guard himself or herself from serious harm without the assistance of family or others, unless treated on an inpatient basis; or*
  - 3. *a person with mental illness who:*
    - a. *refuses treatment or is not adhering adequately to prescribed treatment;*
    - b. *because of the nature of his or her illness; is unable to understand his or her need for treatment; and*
    - c. *if not treated on an inpatient basis, is reasonably expected, based on his or her behavioral history, to suffer mental or emotional deterioration and is reasonably expected, after such deterioration, to meet the criteria of either item 1 or item 2 of this section.*

**NOTE:** *Department members are encouraged to replace words like "mental illness" with less stigmatizing language, such as "mental health condition."*

- B. Department members will take a person into custody and transport that person to a mental health intake facility for involuntary admission when:
  - 1. furnished with a completed and signed "[Petition for Involuntary / Judicial Admission](#)" and "Order for Detention, Examination, Diagnostic Evaluation" issued by the Circuit Court of Cook County; or
  - 2. furnished with a completed and signed "[Application by an Adult for Admission of a Minor](#)" and "Order for Detention, Examination, Diagnostic Evaluation" issued by the Circuit Court of Cook County; or

**NOTE:** The Department member providing the transportation to a designated mental health intake facility as outlined in Item V-A-1 and 2, must complete the portion of the "Order for Detention, Examination, Diagnostic Evaluation" form titled "Return" or the order is invalidated. Furthermore, a court order for detention, examination, diagnostic evaluation does not grant legal authority to enter constitutionally protected areas. A court order may add to the overall exigency of an incident but should not be used as the only motivator to force entry into a protected area.

- 3. furnished with a completed and signed "[Petition for Involuntary / Judicial Admission](#)" and a signed "[Inpatient Certificate](#)"; or
- 4. as a result of the Department member's personal observation, the member has reasonable grounds to believe that the person is in need of an immediate mental health evaluation to protect such person or others from physical harm. The member will complete and sign:

- a. ["Petition for Involuntary / Judicial Admission"](#) or ["Application by an Adult for the Admission of a Minor"](#) as applicable, based upon the age of the individual needing mental health treatment; and
- b. include a detailed description of the reported or observed behaviors or signs and symptoms of mental health condition, including prior diagnosis, treatment, and hospitalizations.

**NOTE:** "Petition for Involuntary / Judicial Admission" and "Application by an Adult for the Admission of a Minor" are furnished by the Illinois Department of Human Services. These forms are also available at the designated mental health intake facilities outlined in the Department directive titled ["Approved Medical Facilities."](#) The forms also may be obtained on the official website of the Chicago Police Department under "Online Services - CPD Employee Section" and on the The Wire homepage.

- 5. as a result from a third party that a person has exhibited signs and symptoms of mental health condition, the Department member has reasonable grounds to believe that the person is in need of an immediate mental health evaluation to protect such person or others from physical harm. If the third party is unwilling or unable to sign the petition for involuntary admission, the Department member will complete and sign:

- a. ["Petition for Involuntary/Judicial Admission"](#) or ["Application by an Adult for the Admission of a Minor"](#); as applicable, based upon the age of the individual needing mental health treatment; and
- b. transport the person to the designated mental health intake facility for involuntary admission or take other police action based on the facts of the preliminary investigation.

**NOTE:** If the Department member takes the person into custody to transport to a designated mental health intake facility he or she will complete and sign the petition for involuntary admission including a detailed description of the signs and symptoms of the mental health condition reported to the member by the third party, including prior diagnosis, treatment, and hospitalizations. In addition the member will also include in the narrative portion of the petition for involuntary admission the relationship of the third party to the person who exhibited the signs and symptoms of the mental health condition as well as the name, address, and phone number of the person reporting the asserted information.

- C. Department members may notify the Office of Emergency Management and Communications (OEMC) to request an ambulance or provide transport to a person in need of mental health treatment with a supervisor's approval when a relative or a third party is willing to sign the petition and the person consents to being transported.

**NOTE:** The mental health intake facility may require the Department member to complete the petition.

## VI. PROCEDURES FOR INVOLUNTARY ADMISSION

- A. Department members will follow the procedures delineated in the Department directive titled ["Recognizing and Responding to Individuals in Crisis."](#)
- B. Department members will follow the procedures delineated in the Department directive titled ["People with Disabilities"](#) when interacting and accommodating persons with disabilities.

- C. 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](#)," to the designated mental health intake facility for evaluation in accordance with the Department directive titled "[Approved Medical Facilities](#)."

**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.

- D. A person subject to involuntary admission consistent with Item V-B 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 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. Department members transporting a person subject to involuntary admission to a designated mental health intake facility will:
1. obtain any related petitions or paperwork and submit them with the patient;
  2. consider the expressed preference of the person, family or care taker on the facility best suited for the individual;
  3. retain control of the person until custody and safekeeping is transferred to the intake security staff and the receiving staff has accepted the patient;
  4. complete and submit a Hospitalization Report using IUCR code of 5079 (Non-Criminal, Mental Health Transport);
- NOTE:** A Hospitalization Case Report (IUCR 5079) will be completed in addition to any other case report required to document the incident.
5. complete and submit Hospital Run Sheet (CPD-62.420);
  6. provide the person being transported a Mental Health Incident Notice ([CPD-15.521](#)); and
  7. complete and submit a Crisis Intervention (CIT) Report available on CLEARNET.

## VII. VOLUNTARY ADMISSION

- A. Supervisors may authorize Department transportation to a mental health intake facility for persons seeking voluntary admission when, in their judgment, a police purpose is served.
- B. Any person may be admitted to a mental health intake facility, in accordance with the Department directive titled "[Approved Medical Facilities](#)," as a voluntary patient for evaluation of a mental illness upon the filing of an application with the facility.
- C. The application for voluntary admission of a person 18 years or older may be executed by:
1. the person seeking admission; or
  2. any interested person, 18 years or older, at the request of the person seeking admission.
- D. The application for voluntary admission of a minor may be executed by:
1. the minor seeking admission (the minor must be 16 or 17 years of age to sign his or her own application for admission); or
  2. a parent, guardian, or person in loco parentis, or

3. an interested person 18 years of age or older when, after diligent effort, the minor's parent, guardian or person in loco parentis cannot be located.

**VIII. PROGRAMS AND RESOURCES**

A. When a criminal or other offense (e.g. Administrative Notice of Ordinance Violation (ANOV) or Personal Service Citation) is not involved and there are not sufficient grounds for taking the individual in crisis into custody for their own protection, or the protection of others, Department members will seek alternative options and divert individuals with mental health and substance use disorders away from the criminal justice and emergency medical systems. These include, but are not limited to:

1. The Department directive titled "[Crisis Assistance Response and Engagement \(CARE\) Pilot Program](#)" provides face-to-face engagement, crisis de-escalation, medical and psychosocial assessment, and referral or warm hand-off to community resources, including non-emergency transport, care coordination, and follow-up for individuals between the ages of 18 and 64 that are the subject of a 911 call for a mental health crisis.
2. The Department directive titled "[Narcotics Arrest Diversion Program](#)" directs an eligible arrestee, upon consent of the arrestee, to a Department-approved addiction counselor. The Department-approved addiction counselor will direct the arrestee to a Department-approved treatment provider or social service agency in lieu of criminal charges.
3. [Community Mental Health Centers](#) — provides support to individuals experiencing mental health related difficulties, with an array of treatment approaches and services based on the needs identified by the person.

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<p><b>Greater Lawn MHC</b> 4150 West 55th Street Phone: 312.747.1020 Hours of Operation: Mon, Wed, and Fri: 8:30 am - 4:30 pm Tues and Thurs: 8:30 am - 8:30 pm</p>	<p><b>Lawndale MHC</b> 1105 S Western Phone: 312.746.5905 Hours of Operation: Mon - Fri: 8:30 am - 4:30 pm.</p>
<p><b>North River MHC</b> 5801 North Pulaski Road Phone: 312.744.1906 Hours of Operation: Mon - Fri: 8:30 am - 4:30 pm.</p>	<p><b>Roseland MHC</b> <b>120 W. 111th St.</b> <b>773.291.2501</b></p>

4. [Living Room Program \(LRP\)](#) — is for individuals in need of a crisis respite program with services and supports designed to proactively divert crises and break the cycle of psychiatric hospitalization. The LRP provides a safe, inviting, home-like atmosphere where individuals can calmly process the crisis event, as well as learn and apply wellness strategies which may prevent future crisis events. The LRP is staffed by Recovery Support Specialists. Individuals seeking services at LRP's are screened for safety by Qualified Mental Health Professionals upon entry and exit. Individuals experiencing psychiatric crises may self-refer, or may be referred by police, fire, emergency departments or other organizations with which an individual experiencing such a crisis may come into contact.

<p><b>Healthcare Alternative Systems</b> 5005 W. Fullerton Avenue (773) 745-7107</p>	<p><b>Thresholds</b> 4423 N. Ravenswood Avenue (773) 537-3601</p>
<p><b>Renaissance Social Services</b> 4835 W. Chicago Avenue (312) 350-2784</p>	<p><b>Rincon Family Services</b> 3710 N. Kedzie Avenue (773) 564-9070</p>

5. [Federally Qualified Health Centers \(FQHC\)](#) — community-based organizations that provide comprehensive primary care and preventive care, including health, oral, mental health and substance use treatment services to persons of all ages, regardless of their ability to pay or health insurance status. There are more than 160 FQHC clinics in the Chicago area. The following link provides a complete list of FQHCs in the Chicago area: <https://findahealthcenter.hrsa.gov/?zip=60630&radius=5&incrementalsearch=true>

6. [Screening, Assessments and Support Services \(SASS\)](#) — is a crisis mental health service program for children and adolescents, who are experiencing a psychiatric emergency. SASS agencies provide intensive mental health services for eligible children and youth who may need hospitalization, or community based mental health care. SASS services are available by calling the **Crisis and Referral Entry Services (CARES) Crisis line at 1-800-345-9049.**

<p><b>Community Counseling Centers of Chicago</b> 4740 North Clark Street Chicago, IL 60640 773-365-7277</p>	<p><b>Mount Sinai Hospital Medical Center</b> 1500 South California Avenue Chicago, IL 60608 (773) 257-4750</p>
<p><b>Ada S. McKinley Community Services</b> 1359 West Washington Street Chicago, IL 60607 312-554-0600</p>	<p><b>Metropolitan Family Services</b> One North Dearborn, Suite 1000 Chicago, IL 60602 312-986-4000</p>
<p><b>Lutheran Social Services of Illinois</b> 4840 West Byron Street Chicago, IL 60641 773-282-7800</p>	

7. [National Alliance on Mental Illness \(NAMI\)](#) — The NAMI Chicago Helpline supports individuals, families, professionals, and community members in understanding and using the mental health system. The City of Chicago non-emergency 3-1-1 line provides a direct link to the NAMI Chicago helpline. Additionally, the NAMI Chicago Helpline can be accessed directly on Mondays - Fridays from 9 a.m. - 8 p.m. and Saturdays - Sundays from 9 a.m. - 5 p.m. at: **833-NAMI-CHI or 833-626-4244.**

8. Smart 911 — The City of Chicago offers a free service that allows residents to create a free Smart 911 Safety Profile for their household. This secure Safety Profile provides 9-1-1 key details about their household to ensure first responders have important information when an emergency occurs to assist in their response. Then, when anyone in that household dials 9-1-1 from a phone associated with their Safety Profile, their profile is immediately displayed to the 9-1-1 call taker providing this valuable additional information that can be used to facilitate the proper response. Tips that may be provided to assist first responders include the medical and mental health conditions of individual(s) in the home.

(Items indicated by italics/double underline have been added or revised)

Authenticated by MWK

David O. Brown  
Superintendent of Police

22-002 VM

DRAFT



**PERSONS ON UNAUTHORIZED ABSENCE (UA) FROM A STATE-OPERATED MENTAL HEALTH CENTER**



<b>ISSUE DATE:</b>	08 February 2023	<b>EFFECTIVE DATE:</b>	
<b>RESCINDS:</b>	30 December 2020 Version		
<b>INDEX CATEGORY:</b>	04 - Preliminary Investigations		
<b>CALEA:</b>			

**I. PURPOSE**

This directive establishes procedures for the return of an adult who has been designated by an Illinois Department of Human Services (IDHS) state-operated mental health center as being a person under inpatient treatment on unauthorized absence from the facility. A person under inpatient treatment on unauthorized absence from a state-operated mental health center will be returned to the nearest IDHS state-operated mental health center identified in the Department directive titled "[Approved Medical Facilities](#)."

**II. PERTINENT STATUTE**

Unauthorized Absence (UA) [405 ILCS 5/5-101](#) — If any recipient of services leaves a facility without being duly discharged or being free to do so, as provided in this Act, or if any resident is placed on conditional discharge or temporarily released from the facility and if such recipient is considered by the facility director to be in such condition as to require immediate detention for the protection of such recipient or other persons, then upon the request of the facility director of the facility, any peace officer shall apprehend such recipient and return him to the nearest Department facility which provides residential services. The Department shall then arrange for the return of the recipient to the appropriate facility.

**III. RECORD SERVICES DIVISION, FIELD SERVICES SECTION, RESPONSIBILITIES**

- A. When an individual who is under inpatient treatment on unauthorized absence from a state-operated mental health center may be found in the City of Chicago, an IDHS state-operated mental health center may notify the Record Division, Field Services Section, at 312-745-6921. The Field Services Section, upon receipt of the notification, will:
  1. input the information into the Hot Desk System.
  2. delete the information from the Hot Desk System after six months if no additional information is received.
- B. When a person under inpatient treatment on unauthorized absence from a state-operated mental health center has been returned to the facility or is no longer wanted for return to the facility, is identified, the Record Division, Field Services Section, will upon receipt of notification from the state-operated mental health center, delete the information from the Hot Desk System.

**IV. ADULT UNDER ARREST IDENTIFIED AS A PERSON UNDER INPATIENT TREATMENT ON UNAUTHORIZED ABSENCE FROM A STATE-OPERATED MENTAL HEALTH CENTER**

- A. Department members are required to use de-escalation techniques to prevent or reduce the need for force, unless doing so would place a person or a Department member in immediate risk of harm, or de-escalation techniques would be clearly ineffective under the circumstances at the time, in accordance with the Department directive titled "[De-escalation, Response to Resistance, and Use of Force](#)."
- B. Department members will follow the procedures delineated in the Department directive titled "[People with Disabilities](#)" when interacting and accommodating persons with disabilities.

- C. When an adult under arrest is identified as a person under inpatient treatment on unauthorized absence from a state-operated mental health center and is in Department custody for a criminal offense he or she will be processed in accordance with the Department directive titled "[Processing Persons Under Department Control](#)."
- D. The station supervisor at the district of detention will, upon notification that a person under inpatient treatment on unauthorized absence from a state-operated mental health center, ensure that:
1. the appropriate IDHS state-operated mental health center is notified of the status of the individual identified as a person under inpatient treatment on unauthorized absence.
  2. the narrative portion of the Arrest Report (CPD 11.420) has documented "Do Not Release - Arrestee on Unauthorized Absence from an IDHS State-Operated Mental Health Center," along with the name of the center from which the person under arrest is absent.
  3. if the individual is identified as a person under inpatient treatment on unauthorized absence from a state-operated mental health center is released on bond, such individual is immediately transported via squadrol to the nearest IDHS state-operated mental health center and the facility director, or an approved designee, is provided with the applicable court information and conditions of bond.
  4. if the individual is identified as a person under inpatient treatment on unauthorized absence is to appear before a judge for a bond hearing, the appropriate court sergeant / court officer is informed of the person under arrests' UA status.

E. Court Section personnel will:

1. inform the City of Chicago Corporation Counsel or the Cook County Assistant States Attorney handling the case of the status of the individual identified as a person under inpatient treatment on unauthorized absence.
2. arrange for the return of the individual identified as a person under inpatient treatment on an unauthorized absence to the nearest IDHS state-operated mental health center if such individual is released by the court.

**NOTE:**

Court Section personnel will contact the Office of Emergency Management and Communications (OEMC) and request that a squadrol from the district where the court is located be assigned to transport the individual identified as a person under inpatient treatment on unauthorized absence to the nearest IDHS state-operated mental health center identified in the Department directive titled "[Approved Medical Facilities](#)." If a squadrol is unavailable, a request for a Designated CIT Officer will be made.

3. notify the appropriate IDHS state-operated mental health center identified in the Department directive titled "[Approved Medical Facilities](#)" of the status of the case if the individual identified as a person under inpatient treatment on unauthorized absence is not released by the court.

**V. ADULTS UNDER ARREST AND IDENTIFIED AS A PERSON UNDER INPATIENT TREATMENT ON UNAUTHORIZED ABSENCE FROM A STATE-OPERATED MENTAL HEALTH CENTER.**

- A. When a preliminary investigation conducted by a Department member reveals that a person not in Department custody for a criminal offense may be a person under inpatient treatment on unauthorized absence from a state-operated mental health center, the Department member will verify via the Hot Desk, Law Enforcement Agency Data Systems (LEADS), National Crime Information Center (NCIC), or the Portable Data Terminal (PDT) for the status of the individual and which IDHS state-operated mental health center hospital reported the absence.

B. If the name check reveals a *person under inpatient treatment* on unauthorized absence from a state-operated mental health center, the Department member will request a squadrol to transport the adult UA to the **nearest** IDHS state-operated mental health hospital listed in the Department directive titled "[Approved Medical Facilities](#)." If the name check reveals a Missing / Found Person Case Report (CPD-11.407):

1. follow the procedures outlined in the Department directive titled "[Missing / Found Persons](#)."
2. complete a Hospitalization Case Report (CPD-11.406), entering in the narrative the name of the IDHS state-operated mental health center to where the individual was transported.

(Items indicated by *italics/double underline* were revised or added.)

Authenticated by MWK

David O. Brown  
Superintendent of Police

22-002 VM

DRAFT



# MENTAL HEALTH TRANSPORT AND RELATED DUTIES MATRIX



<b>ISSUE DATE:</b>	08 February 2023	<b>EFFECTIVE DATE:</b>	
<b>RESCINDS:</b>	30 December 2020 Version		
<b>INDEX CATEGORY:</b>	04 - Preliminary Investigations		
<b>CALEA:</b>			

## I. PURPOSE

This directive contains the Mental Health Transport and Related Duties Matrix.

## II. GENERAL INFORMATION

A. The Mental Health Transport and Related Duties Matrix provides Department members with a reference guide summarizing the roles and responsibilities for responding to incidents involving persons in crisis and in need of mental health treatment. This matrix is a reference document and does not supersede anything in the Department directive titled "[Recognizing and Responding to Individuals in Crisis](#)" or the associated addenda and is meant only as an aid. Department members will refer to the Department directive titled "[Recognizing and Responding to Individuals in Crisis](#)" or the associated addenda for the complete procedures.

B. A Hospitalization Case Report will be completed and submitted in accordance with the Department directive titled "[Recognizing and Responding to Individuals in Crisis](#)" when Department members transport 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.

C. 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 persons under arrest and individuals in need of mental health treatment.

III. MENTAL HEALTH TRANSPORT AND RELATED DUTIES MATRIX

INDIVIDUAL'S STATUS	KEY INFORMATION	TRANSPORT TO	ADMISSION PETITION COMPLETED BY	RELATED DIRECTIVE
<b>ADULT <u>UNDER ARREST</u> - Eligible for Bond and in Need of Mental Health Evaluation (Not Unauthorized Absence [UA])</b>	May be bonded out at the intake facility	Designated Mental Health Intake Facility	Department Member or Hospital Personnel	<a href="#">S04-20-02</a> and <a href="#">S04-20-05</a>
<b>ADULT <u>UNDER ARREST</u> - NOT Eligible for Bond and in Need of Mental Health Evaluation (Not UA)</b>	May <b>not</b> be bonded out at the intake facility	Designated Mental Health Intake Facility	Department Member or Hospital Personnel	<a href="#">S04-20-05</a>
<b>ADULT <u>UNDER ARREST</u> - Eligible for Bond And UA</b>	<b>Must</b> be released on bond prior to transport	Nearest IDHS State-Operated Mental Health Center	Not Required:Refer to Addendum	<a href="#">S04-20-03</a> and <a href="#">S04-20-05</a>
<b>ADULT <u>UNDER ARREST</u> - NOT Eligible for Bond And UA</b>	Notify appropriate IDHS State-Operated Mental Health Center	Court: Court must be notified of UA status	Not Required:Refer to Addendum	<a href="#">S04-20-03</a> and <a href="#">S04-20-05</a>
<b>ADULT NOT UNDER ARREST - Voluntary Admission</b>	Interested person 18 or older may complete petition upon person's request	Mental Health Intake Facility with Supervisor's Approval	Person Seeking Admission	<a href="#">S04-20-02</a>
<b>ADULT NOT UNDER ARREST - Involuntary Admission per Department Member Furnished with Completed and Signed Petitions Issued by Circuit Court</b>	Transporting Department member <b>must</b> complete Return portion of order	Designated Mental Health Intake Facility	Circuit Court of Cook County	<a href="#">S04-20-02</a>
<b>ADULT NOT UNDER ARREST - Involuntary Admission per Department Member Furnished with Completed and Signed Petitions</b>	Completed petitions submitted to transporting Department Member	Designated Mental Health Intake Facility	Transporting Department member presents petition papers at facility	<a href="#">S04-20-02</a>
<b>ADULT NOT UNDER ARREST - Involuntary Admission per Department Member's Observations</b>	Include detailed description of observed behavior	Designated Mental Health Intake Facility	Department Member	<a href="#">S04-20-02</a>
<b>ADULT NOT UNDER ARREST - Involuntary Admission per Relative / Other 3rd Party's Observations</b>	Department member may consider third party information as personal observation	Designated Mental Health Intake Facility	Department Member	<a href="#">S04-20-02</a>
<b>ADULT NOT UNDER ARREST - Involuntary Admission per Relative / Other 3rd Party's</b>	Supervisor's approval and person consents	Mental Health Intake Facility	Relative / Other Third Party(Department	<a href="#">S04-20-02</a>

Observations and Willing to Sign	to Department transport		member providing transport only)	
<b>ADULT NOT UNDER ARREST - Unauthorized Absence (UA)</b>	If no Missing / Found case report, complete Hospitalization case report	Nearest IDHS State-Operated Mental Health Center	Not Required	<a href="#">S04-20-03</a>
<b>JUVENILE <u>UNDER ARREST</u> In Need of Mental Health Treatment</b>	Minor defined as a person under 18 years of age	Designated Minor Mental Health Intake Facility	Department Member or Hospital Personnel	<a href="#">S04-20-05</a>
<b>JUVENILE NOT UNDER ARREST - Voluntary Admission</b>	Minor defined as a person under 18 years of age	With Supervisor's Approval to Minor Mental Health Intake Facility	Minor (16 or 17), parent / guardian, or Department member	<a href="#">S04-20-02</a>
<b>JUVENILE NOT UNDER ARREST - Involuntary Admission per Department Member Furnished with Completed and Signed Petitions Issued by Circuit Court</b>	Transporting Department member <b>must</b> complete Return portion of order	Designated Minor Mental Health Intake Facility	Circuit Court of Cook County	<a href="#">S04-20-02</a>
<b>JUVENILE NOT UNDER ARREST - Involuntary Admission per Department Member Furnished with Completed and Signed Petitions</b>	Completed petitions submitted to transporting Department member	Designated Minor Mental Health Intake Facility	Transporting Department member presents petition papers at facility	<a href="#">S04-20-02</a>
<b>JUVENILE NOT UNDER ARREST - Involuntary Admission per Department Member's Observations</b>	Include detailed description of observed behavior	Designated Minor Mental Health Intake Facility	Department Member	<a href="#">S04-20-02</a>
<b>JUVENILE NOT UNDER ARREST - Involuntary Admission per Relative / Other 3rd Party's Observations</b>	Department member may consider third party information as personal observation	Designated Minor Mental Health Intake Facility	Department Member	<a href="#">S04-20-02</a>
<b>JUVENILE NOT UNDER ARREST - Involuntary Admission per Relative / Other 3rd Party's Observations and Willing to Sign</b>	Supervisors approval and person consents to Department transport	Minor Mental Health Intake Facility	Relative / Other Third Party (Department member providing transport only)	<a href="#">S04-20-02</a>

#### IV. PROGRAMS AND RESOURCES

- A. When a criminal or other offense (e.g. Administrative Notice of Ordinance Violation (ANOV) or Personal Service Citation) is not involved and there are not sufficient grounds for taking the individual in crisis into custody for their own protection, or the protection of others, Department members will seek alternative options and divert individuals with mental health and substance use disorders away from the criminal justice and emergency medical systems. These include, but are not limited to:

1. The Department directive titled "[Crisis Assistance Response and Engagement \(CARE\) Pilot Program](#)" provides face-to-face engagement, crisis de-escalation, medical and psychosocial assessment, and referral or warm hand-off to community resources, including non-emergency transport, care coordination, and follow-up for individuals between the ages of 18 and 64 that are the subject of a 911 call for a mental health crisis.
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4. [Living Room Program \(LRP\)](#) — is for individuals in need of a crisis respite program with services and supports designed to proactively divert crises and break the cycle of psychiatric hospitalization. The LRP provides a safe, inviting, home-like atmosphere where individuals can calmly process the crisis event, as well as learn and apply wellness strategies which may prevent future crisis events. The LRP is staffed by Recovery Support Specialists. Individuals seeking services at LRP's are screened for safety by Qualified Mental Health Professionals upon entry and exit. Individuals experiencing psychiatric crises may self-refer, or may be referred by police, fire, emergency departments or other organizations with which an individual experiencing such a crisis may come into contact.

<b>Healthcare Alternative Systems</b> 5005 W. Fullerton Avenue (773) 745-7107	<b>Thresholds</b> 4423 N. Ravenswood Avenue (773) 537-3601
<b>Renaissance Social Services</b> 4835 W. Chicago Avenue (312) 350-2784	<b>Rincon Family Services</b> 3710 N. Kedzie Avenue (773) 564-9070

5. [Federally Qualified Health Centers \(FQHC\)](https://findahealthcenter.hrsa.gov/?zip=60630&radius=5&incrementalsearch=true) — community-based organizations that provide comprehensive primary care and preventive care, including health, oral, mental health, and substance use treatment services to persons of all ages, regardless of their ability to pay or health insurance status. There are more than 160 FQHC clinics in the Chicago area. The following link provides a complete list of FQHCs in the Chicago area: <https://findahealthcenter.hrsa.gov/?zip=60630&radius=5&incrementalsearch=true>
6. [Screening, Assessments and Support Services \(SASS\)](#) — is a crisis mental health service program for children and adolescents, who are experiencing a psychiatric emergency. SASS agencies provide intensive mental health services for eligible children and youth who may need hospitalization, or community based mental health care. SASS services are available by calling the **Crisis and Referral Entry Services (CARES) Crisis line at 1-800-345-9049.**

<b>Community Counseling Centers of Chicago</b> 4740 North Clark Street Chicago, IL 60640 773-365-7277	<b>Mount Sinai Hospital Medical Center</b> 1500 South California Avenue Chicago, IL 60608 (773) 257-4750
<b>Ada S. McKinley Community Services</b> 1359 West Washington Street Chicago, IL 60607 312-554-0600	<b>Metropolitan Family Services</b> One North Dearborn, Suite 1000 Chicago, IL 60602 312-986-4000
<b>Lutheran Social Services of Illinois</b> 4840 West Byron Street Chicago, IL 60641 773-282-7800	

7. [National Alliance on Mental Illness \(NAMI\)](#) — The NAMI Chicago Helpline supports individuals, families, professionals, and community members in understanding and using the mental health system. The City of Chicago non-emergency 3-1-1 line provides a direct link to the NAMI Chicago helpline. Additionally, the NAMI Chicago Helpline can be accessed directly on Mondays - Fridays from 9 a.m. - 8 p.m. and Saturdays - Sundays from 9 a.m. - 5 p.m. at **833-NAMI-CHI or 833-626-4244.**
8. [Smart 911](#) — The City of Chicago offers a free service that allows residents to create a free Smart 911 Safety Profile for their household. This secure Safety Profile provides 9-1-1 key details about their household to ensure first responders have important information when an emergency occurs to assist in their response. Then, when anyone in that household dials 9-1-1 from a phone associated with their Safety Profile, their profile is immediately displayed to the 9-1-1 call taker providing this valuable additional information that can be used to facilitate the proper response. Tips that may be provided to assist first responders include the medical and mental health conditions of individual(s) in the home.

(Items indicated by italics/double underline were added or revised)

DRAFT



**PERSONS UNDER ARREST IN NEED OF MENTAL HEALTH TREATMENT**



<b>ISSUE DATE:</b>	08 February 2023	<b>EFFECTIVE DATE:</b>	
<b>RESCINDS:</b>	30 December 2020 Version		
<b>INDEX CATEGORY:</b>	04 - Preliminary Investigations		
<b>CALEA:</b>			

**I. PURPOSE**

This directive establishes procedures for the processing and transporting of persons under arrest requiring mental health evaluation, treatment, or hospitalization.

**II. GENERAL INFORMATION**

- A. Department members are required to use de-escalation techniques to prevent or reduce the need for force, unless doing so would place a person or a Department member in immediate risk of harm, or de-escalation techniques would be clearly ineffective under the circumstances at the time, in accordance with Department directive titled "De-escalation, Response to Resistance, and Use of Force."
- B. Department members will provide persons under arrest after released from custody with programs and community resources as outlined in Department directive "Recognizing and Responding to Individuals In Crisis."

**III. PERSON UNDER ARREST CHARGED WITH MISDEMEANOR OR ORDINANCE VIOLATIONS AND IN NEED OF MENTAL HEALTH EVALUATION, TREATMENT, OR HOSPITALIZATION**

- A. Persons under arrest charged with misdemeanor or ordinance violations and in need of mental health evaluation, treatment, or hospitalization will be processed in accordance with the Department directives titled "Hospitalized Arrestees" and "Processing Persons Under Department Control."
- B. Persons under arrest requiring mental health treatment will be transported in a squadrol to the nearest designated mental health intake facility for evaluation in accordance with the Department directive titled "Approved Medical Facilities."
- C. Department members will follow the procedures delineated in the Department directive titled "People with Disabilities" when interacting, and accommodating a person under arrest with disabilities.
- D. The Department members assigned to the transport will:
  - 1. use restraining devices consistent with the Department directive titled "Restraining Arrestees." Whenever feasible, Department members will explain to the person subject to transport what the restraining device is and why it is being used.
  - 2. escort and maintain control of the person under arrest in the medical facility in accordance with the related Department directives.
  - 3. if advised by the mental health intake facility that the person under arrest is not in need of hospitalization, have the examining physician complete and sign the Arrestee Medical Clearance Report (CPD-11.524) and return to the detention facility with person under arrest and paperwork to continue booking.
  - 4. if advised by the mental health intake facility that the person under arrest requires hospitalization, notify the station supervisor at the appropriate district of detention.

5. remain with the person under arrest until the appropriate bond formset as identified in the Department directive titled "[Bond Procedures](#)," is brought to the facility and the bond formset has been presented to the person under arrest for signature.
- E. The station supervisor, upon notification that a person under arrest in detention at his or her facility requires hospitalization, will:
1. determine if the person under arrest can be released on bond consistent with the Department directives titled "[Processing Persons Under Department Control](#)" and "[Bond Procedures](#)."
    - a. The station supervisor may authorize a person under arrest to be bonded prior to the identity of the person under arrest being established if the person under arrest requires hospitalization in a secured mental health intake facility.
    - b. If fingerprint results later indicate that the person under arrest has an outstanding warrant, the on-duty station supervisor will ensure that the procedures outlined in the Department directive titled "[Non-Traffic Arrest Warrant Procedures](#)" are followed whether the person under arrest is still in custody or is no longer in custody.
  2. if the person under arrest is eligible to be bonded, prepare the appropriate bond formset, as outlined in the Department directive titled "[Bond Procedures](#)" for the person under arrest.
  3. ensure the completed bond formset is immediately delivered to the transport members and the person under arrest at the mental health intake facility.
  4. ensure the examining physician has completed and signed the [Arrestee Medical Clearance Report](#) (CPD-11.524)
  5. upon receipt of the completed and returned bond formset, follow the procedures outlined in the Department directive titled "[Bond Procedures](#)."
- NOTE:** If the person under arrest was released as an "Incapacitated Individual" the station supervisor will place his or her initials and star number next to the words "Incapacitated Individual" confirming his or her verbal approval to the Department member for the release of the person under arrest on an Individual Bond.
6. ensure copies of the case, arrest, and related reports are forwarded to the Crisis Intervention Unit - Unit 143 for followup.
- F. The Department member assigned to transport the appropriate bond formset will:
1. upon arrival at the mental health intake facility, request that the person under arrest sign the appropriate bond formset.
    - a. If the person under arrest agrees to sign the appropriate bond formset, obtain the person under arrest's signature on the "Defendants Signature" line.
    - b. If the person under arrest refuses or is incapable of signing the appropriate bond formset, the Department member will:
      - (1) request permission from the station supervisor to release the person under arrest as an "Incapacitated Individual."
      - (2) after receiving verbal approval from the station supervisor, enter the phrase Incapacitated Individual on the Defendant's Signature line of the bond formset.
  2. provide the person under arrest with the white copy entitled "Defendant's Copy" of the bond formset.
  3. notify the mental health intake facility personnel that the person is no longer in Department custody.

4. return the completed bond formset to the station supervisor at the district of detention.

#### IV. PERSON UNDER ARREST CHARGED WITH AN OFFENSE REQUIRING A JUDGE'S BOND AND IN NEED OF MENTAL HEALTH EVALUATION, TREATMENT, OR HOSPITALIZATION

- A. Person under arrest charged with any offense requiring a judge's bond and in need of mental health evaluation, treatment, or hospitalization will be processed in accordance with the Department directive titled "[Hospitalized Arrestees](#)."
- B. Person under arrest will be transported to the nearest designated mental health intake facility for evaluation in accordance with the Department directive titled "[Approved Medical Facilities](#)."
- C. Department members will follow the procedures delineated in the Department directive titled "People with Disabilities" when interacting and accommodating a person under arrest with disabilities.
- D. Person under arrest charged with an offense requiring a judge's bond **will not** be issued a bond.
- E. The Department members assigned to the transport will:
  1. use restraining devices consistent with the Department directive titled "[Restraining Arrestees](#)." Whenever feasible, Department members will explain to the person subject to transport what the restraining device is and why it is being used.
  2. escort and maintain control of the person under arrest in the medical facility in accordance with the related Department directives.
  3. if advised by the mental health intake facility that the person under arrest is not in need of hospitalization, have the examining physician complete and sign [Arrestee Medical Clearance Report](#) (CPD-11.524) and return to the detention facility with person under arrest and paperwork to continue booking.
  4. if advised by the mental health intake facility that the person under arrest requires hospitalization, notify the station supervisor at the appropriate district of detention to request a hospital guard detail.
- F. The Department member assigned to the hospital guard detail will complete and submit a Miscellaneous Incident Exception Report ([CPD-11.419](#)) consistent with the Department directive titled "[Hospitalized Arrestees](#)."
- G. The station supervisor, upon notification that a person under arrest charged with an offense requiring a judge's bond requires hospitalization, will:
  1. ensure the examining physician has completed and signed the [Arrestee Medical Clearance Report](#) (CPD-11.524).
  2. determine the status of the person under arrest with the investigating unit and the Cook County Assistant States Attorney.
  3. ensure that the Crime Prevention and Information Center (CPIC) is contacted for approval of a hospital guard detail as outlined in the Department directive titled "[Hospitalized Arrestees](#)."
  4. continue to monitor the investigating unit and the Cook County Assistant States Attorney until charging and approval procedures are completed.
  5. ensure that the mittimus procedure as outlined in the Department directive titled "[Hospitalized Arrestees](#)" begins as soon as charging and approval procedures are completed.

**NOTE:**

If the person under arrest has been hospitalized on a secure floor where firearms are prohibited prior to physical custody of the person under arrest being transferred to the Cook County Sheriff's Office through an approved mittimus, the Crime Prevention and Information Center (CPIC) will be contacted to notify the CIT Program Coordinator or designee.

6. ensure copies of the case, arrest, and related reports are forwarded to the Crisis Intervention Unit - Unit 143 for followup.
- H. In the event there is a misunderstanding between Department members and medical personnel and/or the Cook County Sheriff's Office (CCSO) in the course of obtaining treatment and/or a mittimus for the person under arrest in need of mental health treatment:
1. the officer(s) involved will notify their immediate supervisor.
  2. if the immediate supervisor is unable to resolve the misunderstanding, the supervisor will notify the watch operations lieutenant.
  3. the watch operations lieutenant will determine whether any additional course of action may resolve the misunderstanding.  
**NOTE:** If an immediate response from CIT District, Operations and Community Support is required, as determined by a Department exempt commanding officer, OEMC will notify the CIT Program Coordinator or designee via the Crime Prevention and Information Center (CPIC).
  4. the immediate supervisor will submit as soon as possible a To-From Subject Report to the CIT Program Coordinator, Crisis Intervention Unit (Unit 143), summarizing identifying details of the incident, including the Central Booking (CB) number, and the positions taken by police and involved medical or CCSO personnel in the matter.

Authenticated by MWK

David O. Brown  
Superintendent of Police

22-022 VM



# APPROVED MEDICAL FACILITIES



<b>ISSUE DATE:</b>	08 February 2023	<b>EFFECTIVE DATE:</b>	
<b>RESCINDS:</b>	15 February 2022 Version		
<b>INDEX CATEGORY:</b>	06 - Processing Persons		
<b>CALEA:</b>			

## I. PURPOSE

This directive:

A. lists medical facilities designated:

1. by the Illinois Department of Public Health as approved to provide emergency room services as part of the State of Illinois Emergency Medical Services System.
2. by the Illinois Department of Human Services (IDHS) Division of Mental Health as the mental health intake facilities approved to provide emergency mental health evaluation, treatment, or hospitalization for patients transported by Department members.
3. to provide the Illinois Department of Children and Family Services (IDCFS) non-emergency initial health screening for juveniles to be turned over to the custody of IDCFS.

B. lists the IDHS state-operated mental health centers.

## II. APPROVED MEDICAL FACILITIES

A. Procedures for all persons in need of medical treatment transported by Department members.

1. Department members transporting a persons under arrest or other person not under arrest to an emergency room for medical treatment will transport them to the nearest approved facility listed in Items II-D, E, or F of this directive.

**NOTE:** If a trauma center and a comprehensive care hospital are within the same proximity, the transport will be made to the trauma centers listed in Items II-D or E of this directive based on the age of the individual transported.

2. If an ambulance does the transport, the persons under arrest or other person not under arrest will be transported to the medical facilities deemed appropriate by the responding ambulance personnel.
3. The assigned Department members will follow the procedures outlined in the Department directives titled "[Hospitalized Arrestees](#)," "[Miscellaneous Incident Reporting Procedures](#)," and "[Restraining Arrestees](#)," as appropriate.

B. If an approved medical facility refuses to accept or provide treatment for a patient transported by a Department member, the member will follow the procedures outlined in the Department directive titled "[Liaison with Hospitals, Detoxification Facilities, and Mental Health Facilities](#)."

C. Department members assigned to districts sharing a border with a neighboring suburb or the State of Indiana will be responsible for responding to service requests that require a preliminary investigation from hospitals that may not be included in this directive, consistent with the Department directive titled "[Preliminary Investigations Conducted At Suburban Hospitals](#)."

D. Level I Trauma Centers  
Advocate Christ Medical Center  
Advocate Illinois Masonic Medical Center  
Advocate Lutheran General Hospital  
John H. Stroger, Jr. Hospital of C.C.  
Mount Sinai Hospital  
Northwestern Memorial Hospital  
AMITA Health Saint Francis Hospital  
University of Chicago Hospital

E. Level I Pediatric Trauma Centers (Persons 15 Years of Age and Younger)  
Advocate Christ Medical Center  
Advocate Lutheran General Hospital  
\* Ann & Robert H. Lurie Children's Hospital of Chicago  
John H. Stroger, Jr. Hospital of C.C.  
Mount Sinai Hospital  
AMITA Health Saint Francis Hospital  
University of Chicago Hospital

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- F. Comprehensive Care Hospitals
  - Advocate Trinity Hospital
  - Franciscan Health
  - Holy Cross Hospital
  - Insight Hospital & Medical Center Chicago
  - Jackson Park Hospital and Medical Center
  - OSF Little Company of Mary Medical Center
  - \* The Loretto Hospital
  - MacNeal Hospital
  - Norwegian American Hospital
  - \* Community First Medical Center
  - Provident Hospital of Cook County
  - AMITA Health Resurrection Medical Center
  - Roseland Community Hospital
  - Rush University Medical Center
  - Saint Anthony Hospital
  - Saint Bernard Hospital
  - AMITA Health Saint Joseph Hospital
  - AMITA Health Saint Mary and Saint Elizabeth Medical Center
  - \* South Shore Hospital
  - Swedish Covenant Hospital
  - \* Thorek Memorial Hospital
  - University of Chicago Hospital
  - University of Ill. Hospital and Health Sciences System
  - Weiss Memorial Hospital
  - West Suburban Medical Center

\*Not an obstetrics facility, obstetrics being defined as a branch of medical science that deals with pregnancy, childbirth, and the postpartum period.

### III. DESIGNATED MENTAL HEALTH INTAKE FACILITIES

- A. Persons under arrest and persons not under arrest transported to the facilities identified in Item III-E and III-F of this directive by Department members will be accepted at any time on a **no-decline** basis.
  1. If the facility refuses to evaluate the patient, the Department member at the facility will request through the Office of Emergency Management and Communications (OEMC) that a supervisor respond to the facility.
  2. The responding supervisor will request that the patient be evaluated. If the facility still refuses, the supervisor will notify the watch operations lieutenant.
  3. The watch operations lieutenant will determine the next course of action if the issue cannot be resolved at the scene.
  4. If a designated mental health intake facility refuses to accept or provide treatment for a patient brought in by a Department member, the member will follow the procedures outlined in the Department directive titled "[Liaison with Hospitals, Detoxification Facilities, and Mental Health Facilities.](#)"

## B. PERSONS UNDER ARREST PROCEDURES

Procedures for persons under arrest charged with misdemeanors, ordinance violations, felonies, or offenses requiring a judge's bond and in need of mental health evaluation, treatment, or hospitalization.

The assigned Department members will:

1. transport persons under arrest to the designated mental health intake facilities listed in the tables in Items III-E or F of this directive, based on the age of the persons under arrest, the district of occurrence, and the charge type.

**NOTE:** Persons under arrest and in need of mental health evaluation will **NOT** be transported by CPD to the Cook County Community Triage Center (CTC), the Westside Community Triage and Wellness Center (WCTWC), or Holy Cross Hospital - Crisis Stabilization Unit (CSU) consistent with the table in Item III-E.

2. follow the procedures outlined in the Department directives titled "[Recognizing and Responding to Individuals in Crisis](#)," "[Hospitalized Arrestees](#)," "[Miscellaneous Incident Reporting Procedures](#)," and "[Restraining Arrestees](#)."

## C. PERSONS NOT UNDER ARREST PROCEDURES

Procedures for persons not under arrest needing mental health evaluation, treatment, or hospitalization.

1. The assigned Department members will:

- a. transport him or her to the designated mental health intake facilities listed in the tables in Items III-E or F of this directive based on the age of the persons not under arrest and the district of occurrence. Adults not under arrest will be transported according to the table in Item III-E using the "Charge Type" categories of "All" or "Misdemeanor or Ordinance Violations"; and

- b. follow the procedures outlined in the Department directive titled "[Recognizing and Responding to Individuals in Crisis](#)" including completing and submitting any required petitions and reports, if applicable.

2. **Whenever possible**, prior to transporting a person under arrest exhibiting violent behaviors or a person not under arrest requiring mental health evaluation, treatment, or hospitalization, Department members will request the Office of Emergency Management and Communications (OEMC) notify the receiving facility of the impending arrival. If no telephone extension number is indicated, ask the facility switchboard operator for the "Adult Psychiatric Intake."

3. If the mental health intake facility determines that the person **not under arrest** 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.

- D. Transports by Department members to the IDHS state-operated mental health centers identified in Item III-G of this directive will **only** be done in the following instances:

1. by court order in accordance with the Department directive titled "[Recognizing and Responding to Individuals in Crisis](#)" or "[Persons Subject to Involuntary or Voluntary Admission Non-Arrestees](#)";

2. for an adult on an unauthorized absence (UA) in accordance with the Department directives titled "[Recognizing and Responding to Individuals in Crisis](#)" or "[Persons On Unauthorized Absence \(UA\) from a State-Operated Mental Health Center](#)"; or

3. with a supervisor's approval and the approval of the IDHS state-operated mental health center.

E. Adults

District(s)	Charge Type	Facility Name
001 and 018	All	Northwestern Memorial Hospital
002, 003, and 007	All	Saint Bernard Hospital
004, 005, 006	All	Jackson Park Hospital and Medical Center
004, 005, 006, 007, 022	<b>Not under arrest and CPD transport only</b>	Cook County Community Triage Center
008 and 022	<b>All Not under arrest and CPD transport only</b>	Holy Cross Hospital - Emergency Department Holy Cross Hospital - Crisis Stabilization Unit (CSU)
008, 009, 010, 011, and 012	All	Mount Sinai Hospital
009 and 012	All	St. Anthony Hospital
010, 011, 014, 015, and 025	<b>Not under arrest and CPD transport only</b>	Westside Community Triage and Wellness Center
014 and 025	Misdemeanor or Ordinance Violations	Swedish Covenant Hospital-Project Impact
014, 016, 017, and 025	Felony/ Misdemeanor Requiring Judge's Bond	AMITA Health St. Mary and St. Elizabeth Medical Center
015	All	The Loretto Hospital
019, 020, and 024	All	Advocate Illinois Masonic Medical Center

**NOTE:** The Cook County Community Triage Center (CTC), the Westside Community Triage and Wellness Center (WCTWC) and Holy Cross Hospital - Crisis Stabilization Unit (CSU) accept adult walk-in and Department-transported individuals who are **NOT** under arrest and in need of a crisis behavioral health assessment (mental health and substance use) and referral services. The CTC, WCTWC, and CSU will serve as alternative facilities for treating adults living with mental health conditions, adults living with substance use disorders, and those with co-occurring conditions as opposed to hospital emergency rooms. The CTC, WCTWC and CSU will serve as a resource for Department members who encounter adult individuals that are in crisis.

F. Minors

For mental health purposes and for the purpose of this directive, the Illinois Compiled Statutes Mental Health and Developmental Disabilities Code ([405 ILCS 5/1-117](#)) defines "**Minor**" as a person under 18 years of age.

District(s)	Charge Type	Age	Facility Name
005, 006, 007, 009, 010, 015, 014, 017, 018 and 022.	ALL	Under the age of 18	Hartgrove Behavioral Health System
001, 002, 003, 004, 011, 012, 019, 020, and 024	ALL	Under the age of 18	Garfield Park Behavioral Hospital
008, 016, and 025	ALL	Under the age of 18	Riveredge Hospital

**NOTE:** **Whenever possible**, prior to transporting a minor in need of mental evaluation, treatment, or hospitalization, Department members will request that OEMC notify the receiving facility of the impending arrival.

G. Local IDHS State-Operated Mental Health Centers

1. For the purpose of this directive, there are two IDHS state-operated mental health centers:
  - a. Chicago-Read Mental Health Center; and
  - b. John J. Madden Mental Health Center.
2. Transports to the IDHS state-operated mental health centers will only be allowed in instances outlined in Item III-D of this directive.

#### IV. IDCFS INITIAL HEALTH SCREENING

##### A. Policy

1. Whenever a juvenile will be turned over to IDCFS and a transport to a hospital for nonemergency medical treatment or health evaluation is required, Department members will transport the juvenile to the approved Initial Health Screening Provider (IHSP) listed in Item IV-B of this directive, if:
  - a. **the IHSP is located within** the district of occurrence; or
  - b. **the IHSP is located in a district adjacent** to the district of occurrence, with a supervisor's approval.
2. If the IHSP is **not located** within the district or in an adjacent district to the district of occurrence, members will transport the juvenile for nonemergency medical treatment or health evaluation to the nearest approved medical facility listed in Items II-D, E, or F of this directive.

##### B. Initial Health Screening Providers (IHSP)

**\*\* Children's Reception Center**

John H. Stroger, Jr. Hospital of C.C.

**\*\* La Rabida Children's Hospital**

The Loretto Hospital

Mount Sinai Hospital

Provident Hospital of Cook County

Roseland Community Hospital

**\*\* Saint Anthony Hospital.**

**\*\*Preferred IHSP**

(Items indicated by *italics/double underline* were added or revised)

Authenticated by MWK

22-002 VM

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Superintendent of Police