RECOMMENDATION SUBMISSION AND RESPONSE FORM
2019 Mental Health #1

<table>
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<tr>
<th>DISCUSSED BY SCPRC</th>
<th>APPROVED AND IMPLEMENTED</th>
<th>X</th>
<th>PENDING FURTHER REVIEW</th>
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<tbody>
<tr>
<td>RECEIVED BY SPD</td>
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<td>SPD UNABLE TO IMPLEMENT</td>
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<td>12/31/2019</td>
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SCPRC RECOMMENDATION
GO 522.01 Handling Mentally Ill Persons

SPD policy is outdated.

Amend GO 522.01: Update the policy to include language acknowledging mental health and self-medication are closely tied and providing guidance to officers on how to deal with members of the public who have co-occurring disorders.

SCPRC RECOMMENDATION RATIONALE
Last time GO 522.01 was updated was August 2015. As research has shown that mental health and self-medication are closely tied, the Commission recommends updating the GO to include guidance to officers on how to deal with co-occurring disorders.

SPD RESPONSE
As of 09/05/2023, GO 522.01 Handling Mentally Ill Persons is under revision and does not expressly address co-morbidity, but stresses recognizing signs and symptoms of mental health issues and crisis.

**POLICY**
It shall be the policy of the Sacramento Police Department that officers handling mentally ill persons proceed in a manner consistent with the safety and well-being of all persons involved. Officers are increasingly required to respond to and intervene on behalf of persons who are in mental health crisis. While officers are not expected to make mental health diagnoses, they are expected to recognize signs and symptoms that may suggest a mental illness, as well as behaviors that are indicative of mental health crisis. The goal is to use de-escalation techniques to maximize the likelihood of a safe outcome for officers, individuals, and the community.

Instead, GO 522.02 (Emergency Care for Individuals Under Police Care or Control, revised 08/09/2023) mandates that officers be aware of behaviors indicative of medical distress to include (A., 3.):

- Bizarre/aggressive behavior.
- Dilated pupils.
- Fear/panic/paranoia.
- High temperature.
- Irrational/incoherent speech.
- Jumping into water.
- Profuse sweating.
- Public disrobing.
- Self-inflicted injuries.
- Shivering.
- Inconsistent breathing patterns.
- Seizure.
- Unexpected physical strength.
- Sudden tranquility.
Further, GO 522.02 recommends placing subjects in comfortable positions and attempt to keep the subject calm until emergency medical services arrive. Additionally, the policy refers to the deployment of intra-nasal naloxone (Narcan) as directed by GO 522.06 (Administration of Narcan).

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<th>APPENDIX</th>
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