

Mental Illness Commitments

410.1 PURPOSE AND SCOPE

This policy provides guidelines for when officers may take a person into custody for psychiatric evaluation and treatment (5150 commitment) (Welfare and Institutions Code § 5150).

410.1.1 ACCREDITATION STANDARDS

This policy pertains to the following CALEA Standards: 1.1.3, 41.2.7

410.2 POLICY

It is the policy of the Buena Park Police Department to protect the public and individuals through legal and appropriate use of the 72-hour treatment and evaluation commitment (5150 commitment) process.

410.3 AUTHORITY

An officer having probable cause may take a person into custody and place the person in an approved mental health facility for 72-hour treatment and evaluation when the officer believes that, as a result of a mental disorder, the person is a danger to him/herself or others or the person is gravely disabled (Welfare and Institutions Code § 5150; Welfare and Institutions Code § 5585.50).

When determining whether to take a person into custody, officers are not limited to determining the person is an imminent danger and shall consider reasonably available information about the historical course of the person's mental disorder, which may include evidence presented from any of the following (Welfare and Institutions Code § 5150; Welfare and Institutions Code § 5150.05):

- (a) An individual who is providing or has provided mental health treatment or related support services to the person
- (b) A family member
- (c) The person subject to the determination or anyone designated by the person

410.3.1 VOLUNTARY EVALUATION

If an officer encounters an individual who may qualify for a 5150 commitment, the officer may inquire as to whether the person desires to voluntarily be evaluated at an appropriate facility. If the person so desires, the officers should:

- (a) Transport the person to an appropriate facility that is able to conduct the evaluation and admit the person pursuant to a 5150 commitment.
- (b) Document the circumstances surrounding the individual's desire to pursue voluntary evaluation and/or admission.

If at any point the person changes their mind regarding voluntary evaluation, officers should proceed with the 5150 commitment, if appropriate.

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410.4 COMMON SIGNS AND SYMPTOMS OF MENTAL ILLNESSES

Below is an overview of some of the recognized signs and symptoms of individuals Department personnel may come into contact with. It is important for Department personnel to recognize the signs and symptoms of each to assist them in determining whether the individual with whom they are speaking is in a behavioral health crisis and/or may fall under the guidelines of WIC § 5150.

Bipolar: A severe medical/mental disorder characterized by cyclic swings in emotion or mood. In the manic phase, there is hyper-excitability, extreme elation, excessive motor activity, and a flight of ideas. In the depressive phase, the person displays depression, under-activity, unresponsiveness, anxiety, sadness, and sometimes suicidal impulses. In its classic form, the disorder is an alteration between the two phases, also referred to as manic-depressive.

Delirium: A state of mental confusion accompanied by delusions, illusions, and hallucinations. Fever, drugs, or shock may induce delirium.

Delusions: A fixed false belief that cannot be modified by reasoning or a demonstration of the facts.

Depression: A depressed mood that causes a person to lose interest and pleasure in nearly all activities; characterized by feelings of hopelessness and helplessness.

Manic-Depressive: See bipolar, above.

Mental Illness: A group of disorders causing severe disturbances in a person's thinking, feelings, and ability to relate to others. The person affected usually has a substantially impaired capacity for coping with the ordinary demands of life.

Psychosis: A major mental disorder in which a person's thought pattern is seriously disorganized and usually reality-impaired. There are two types of psychoses:

- (a) Functional: Typically, of the schizophrenic, paranoid, or manic-depressive type
- (b) Organic: Caused by brain damage or disease

Schizophrenia (Thought Disorder): Not a single factor, but rather a group of related disorders in which a person's ability to function is marked by severe distortion of thought, perception, feelings, and bizarre behavior.

Each definition above is provided by the State of California's "Police Response to People with Mental Illness or Developmental Disability" guide.

410.5 CONSIDERATIONS AND RESPONSIBILITIES

Any officer handling a call involving an individual who may qualify for a 5150 commitment should consider, as time and circumstances reasonably permit:

- (a) Available information that might assist in determining the cause and nature of the person's action or stated intentions.
- (b) Community or neighborhood mediation services.
- (c) Conflict resolution and de-escalation techniques.

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- (d) Community or other resources available to assist in dealing with mental health issues.

While these steps are encouraged, nothing in this section is intended to dissuade officers from taking reasonable action to ensure the safety of the officers and others.

Officers should consider a 5150 commitment over arrest when mental health issues appear to be a mitigating factor for people who are suspected of committing minor crimes or creating other public safety issues.

410.5.1 SECURING OF PROPERTY

When a person is taken into custody for evaluation, or within a reasonable time thereafter, and unless a responsible relative, guardian or conservator is in possession of the person's personal property, the officer shall take reasonable precautions to safeguard the individual's personal property in his/her possession or on the premises occupied by the person (Welfare and Institutions Code § 5150).

The officer taking the person into custody shall provide a report to the court that describes the person's property and its disposition in the format provided in Welfare and Institutions Code § 5211, unless a responsible person took possession of the property, in which case the officer shall only include the name of the responsible person and the location of the property (Welfare and Institutions Code § 5150).

410.6 TRANSPORTATION

Transport for any individual for a 5150 commitment shall be conducted in accordance with the Transporting Persons in Custody Policy. Violent patients, or those who are medically unstable, may be restrained and transported by ambulance and ambulance personnel. The officer shall escort the patient into the facility. As soon as security and/or a staff member becomes available, he/she should relieve the officer. The officer may assist with placing the patient in a designated treatment room as directed by a staff member. The officer shall physically remain in the treatment room with the patient.

Officers may transport individuals in a patrol unit and shall secure them in accordance with the Handcuffing and Restraints Policy.

410.7 TRANSFER TO APPROPRIATE FACILITY

Upon arrival at the facility, the officer will escort the individual into a treatment area designated by a facility staff member. If the individual is not seeking treatment voluntarily, the officer should provide the staff member with the written application for a 5150 commitment and remain present to provide clarification of the grounds for detention, upon request.

Absent exigent circumstances, the transporting officer should not assist facility staff with the admission process, including restraint of the individual. However, if the individual is transported and delivered while restrained, the officer may assist with transferring the individual to facility restraints and will be available to assist during the admission process, if requested. Under normal circumstances, officers will not apply facility-ordered restraints.

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410.8 RESOURCES / REFERENCES

County-wide protocol dictates WIC § 5150 patients who are injured, appear to be under the influence of drugs, or have symptoms of an illness for which Emergency Medical Services (EMS) personnel have been called, should be transported to the closest Paramedic Receiving Center hospital. Orange County Fire Authority medics are required to transport the patient to any hospital with a mental health unit. Mental health hospitals have a legal obligation to accept a patient meeting the criteria for WIC § 5150.

Patients who do not require medical clearances, have no other complications, and with whom EMS is not involved, can be taken directly to Crisis Stabilization Unit or other facilities. The following is a list of approved facilities:

- (a) Crisis Stabilization Unit (call prior to transport)
- (b) Anaheim Global Medical Center
- (c) St Joseph's Hospital
- (d) UCI Medical Center
- (e) Chapman Global Medical Center
- (f) Orange County Global Medical Center
- (g) Mission Hospital Laguna Beach

410.9 DOCUMENTATION

The officer shall complete an application for a 72-Hour detention for evaluation and treatment, provide it to the facility staff member assigned to that patient and retain a copy of the application for inclusion in the case report.

The application shall include the circumstances for officer involvement; the probable cause to believe the person is, as a result of a mental health disorder, a danger to others or him/herself or gravely disabled; and all information used for the determination of probable cause (Welfare and Institutions Code § 5150; Welfare and Institutions Code § 5150.05).

The officer should also provide a verbal summary to any evaluating staff member regarding the circumstances leading to the involuntary detention.

The officer shall complete an information report for involuntary patients and list the patient as a subject in the crime/incident report. The officer shall note in the report that s/he completed a mental health evaluation application form and will include the name of the hospital staff member with whom s/he left the form.

Some patients may voluntarily go to the hospital for help. "Voluntary" is defined as a subject that is not seen as an immediate threat to himself/herself and is able and willing to go to the hospital to get help on his/her own. It will be at the discretion of the primary officer or supervisor at the scene to determine if an information report will be taken to document this incident. If an information report is not taken, the officer shall ensure all pertinent information related to the incident is documented in the call comments. Some of this information may include:

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- (a) Comments made by the patient
- (b) Reporting party information
- (c) Hospital patient was going to, if known
- (d) If patient was transported by an acquaintance or by ambulance

Officers shall document in Motorola Flex all calls for service and reports involving anyone who is mentally ill or presenting a mental health illness by changing the Circumstance Code to "ment." This allows the Department to account for all contacts with the mentally ill and to assist the Orange County Health Care Agency Crisis Assessment Team (CAT) with managing and accessing resources.

410.9.1 ADVISEMENT

The officer taking a person into custody for evaluation shall advise the person of:

- (a) The officer's name and agency.
- (b) The fact that the person is not under criminal arrest but is being taken for examination by mental health professionals and the mental health staff will advise him/her of their rights.
- (c) The name of the facility to which the person is being taken.
- (d) If the person is being taken into custody at his/her residence, he/she should also be advised that he/she may take a few personal items, which the officer must approve, and may make a telephone call or leave a note indicating where he/she is being taken. The officer should also ask if the person needs assistance turning off any appliance or water.

The advisement shall be given in a language the person understands. If the person cannot understand an oral advisement, the information shall be provided in writing (Welfare and Institutions Code § 5150).

410.10 CRIMINAL OFFENSES

Officers investigating an individual who is suspected of committing a minor criminal offense and who is being taken on a 5150 commitment should resolve the criminal matter by issuing a warning or a Notice to Appear as appropriate.

When an individual who may qualify for a 5150 commitment has committed a serious criminal offense that would normally result in an arrest and transfer to a jail facility, the officer should:

- (a) Arrest the individual when there is probable cause to do so.
- (b) Notify the appropriate supervisor of the facts supporting the arrest and the facts that would support the 5150 commitment.
- (c) Facilitate the individual's transfer to jail.
- (d) Thoroughly document in the related reports the circumstances that indicate the individual may qualify for a 5150 commitment.

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In the supervisor's judgment, the individual may instead be arrested or booked and transported to the appropriate mental health facility. The supervisor should consider the seriousness of the offense, the treatment options available, the ability of this department to regain custody of the individual, department resources (e.g., posting a guard) and other relevant factors in making this decision.

410.11 FIREARMS AND OTHER WEAPONS

Whenever a person is taken into custody for a 5150 commitment, the handling officers should seek to determine if the person owns or has access to any firearm or other deadly weapon defined in Welfare and Institutions Code § 8100. Officers should consider whether it is appropriate and consistent with current search and seizure law under the circumstances to seize any such firearms or other dangerous weapons (e.g., safekeeping, evidence, consent).

Officers are cautioned that a search warrant may be needed before entering a residence or other place to search, unless lawful, warrantless entry has already been made (e.g., exigent circumstances, consent). A search warrant may also be needed before searching for or seizing weapons

The handling officers shall issue a receipt describing the deadly weapon or any firearm seized, and list any serial number or other identification that is on the firearm. Officers shall advise the person of the procedure for the return of any firearm or other weapon that has been taken into custody (Welfare and Institutions Code § 8102 (b)) (see the Property Policy).

410.11.1 PETITION FOR RETURN OF FIREARMS AND OTHER WEAPONS

Whenever the handling officer has cause to believe that the future return of any confiscated weapon might endanger the person or others, the officer shall detail those facts and circumstances in a report. The report shall be forwarded to the Detective Bureau, which shall be responsible for initiating a petition to the Superior Court for a hearing in accordance with Welfare and Institutions Code § 8102(c), to determine whether the weapon will be returned.

The petition to the Superior Court shall be initiated within 30 days of the release of the individual from whom such weapon has been confiscated, unless the Department makes an ex parte application to the court to extend the time to file such a petition, up to a maximum of 60 days. At the time any such petition is initiated, the Department shall send written notice to the individual informing him/her of the right to a hearing on the issue, that he/she has 30 days to confirm with the court clerk any desire for a hearing and that the failure to do so will result in the forfeiture of any confiscated weapon.

410.12 TRAINING

This department will endeavor to provide Peace Officer Standards and Training (POST)-approved advanced officer training on interaction with persons with mental disabilities, 5150 commitments and crisis intervention. Professional Staff will receive training on interaction with mentally disabled persons as part of their in-house training process.

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The Training Unit shall be responsible to ensure that all personnel receive POST-approved continuing education refresher training annually, and that the training is documented.