

12.110 HANDLING SUSPECTED MENTALLY ILL INDIVIDUALS AND POTENTIAL SUICIDES

Reference:

Ohio Revised Code 5122.10, Emergency Hospitalization
Procedure 12.175, Special Weapons and Tactics Unit
Procedure 12.400, Incident and Miscellaneous Reporting
Procedure 12.555, Arrest/Citation: Processing of Adult Misdemeanor and Felony Offenders
Procedure 12.600, Prisoners: Securing, Handling, and Transporting
Procedure 12.910, Missing Persons

Estate of Corey Hill V. Christopher Miracle, 853 F 3d 306 (6th Cir., 2017)
Am. Sub. H.B. No. 8

Policy:

Mental Health Crisis (MHC) officers will be the first responders, when available, on all runs involving suspected mentally ill individuals. If two MHC officers are available, they will be dispatched as a team. When necessary a cover car will be dispatched. If the run is an emergency and no MHC officer is available, beat cars will be dispatched immediately and an MHC officer from another district will be notified to respond. If the run is **not** an emergency and no MHC officer is available, the nearest available MHC officer from an adjoining district will be dispatched as the primary car.

An MHC officer on the scene of a suspected mentally ill individual will be the primary officer handling the situation. They will also be responsible for transporting the individual, if necessary, to the hospital.

Officers should attempt to use non-confrontational verbal skills, empathy and/or active listening to stabilize a person in crisis or when confronted with a situation where control is required to effect an arrest or protect the public's safety. The suspect should be allowed to comply before force is used unless this causes unnecessary danger to the officer or others. De-escalation may also incorporate the use of additional time, distance, and resources as well as persuasion, command presence, repositioning, and warnings, to reduce the intensity of a potentially violent situation to decrease the potential need to use force.

A supervisor will respond on all radio runs involving violent or potentially violent mentally ill individuals and, when possible, will consult the MHC officer on scene to decide on a course of action.

Document all encounters with suspected mentally ill individuals on an RMS Minor Aided Case Report. This will be in addition to any other reports made.

Any suspected mentally ill person reported as missing with a mental hold or who voluntarily agrees, when found, will be returned to the facility that reported them missing. If the facility is unknown, the subject is violent, or from outside the Hamilton County boundaries, the suspected mentally ill person will be taken to UC Health Psychiatric Emergency Services (PES) at the Ridgeway Pavilion.

Information:

Family members of mentally ill individuals have the option of providing contact information for a family member and/or case worker to the Department by contacting the Neighborhood Liaison Unit (NLU) Sergeant in the district where their family member lives. The NLU will ensure the information is entered into the Regional Crime Information Center (RCIC).

Officers responding to a call for service involving a mentally ill individual should query RCIC and check the General Conditions return to see if contact information for a family member and/or case worker is available. If officers discover that the provided information is incorrect, they will, as soon as possible, notify the NLU.

When officers arrive on the scene of a suspected mentally ill individual and the situation meets the criteria for activating the Special Weapons and Tactics Unit (SWAT), or the SWAT Negotiations Team, follow the steps as outlined in Procedure 12.175.

Mobile Crisis Team (MCT) is a mental health crisis resource funded by the Hamilton County Mental Health and Recovery Services Board. The Mobile Crisis Team is an aid to Department personnel, providing around-the-clock, on-site psychiatric crisis intervention. Their aim is to help prevent harm to a suspected mentally ill person, or others, during psychiatric emergency situations requiring police response.

The University of Cincinnati Medical Center and PES will not provide a locked environment during triage for mentally ill individuals.

Transport suspected suicidal or mentally ill military veterans to University Hospital/PES.

An officer's first priority in responding to an individual experiencing a mental health crisis should be to ensure the safety of everyone involved: the person experiencing the trauma, any victims, responding officers, and the public.

After the crisis has been resolved, officers involved in the investigation, regardless of whether criminal charges are filed, should attempt to gather information that will assist in providing treatment for the individual, e.g., current care providers (doctors, therapists, case managers), support network (family and friends), and prescribed medications (including dosage amounts and, if known, when last taken).

Criminal charges for lower level offenses are dependent on the facts and the totality of circumstances and might benefit from discretion used by the officer on scene if little harm to others or property was caused or when criminal behavior is known to have resulted from a known mental illness. When charges are filed, any information related to the individual's mental health treatment should be documented on Form 527.

Treatment options are often available in the context of a criminal prosecution; health professionals, lawyers, and judges are in the best position to assess an individual's competency, criminal culpability, or treatment needs. Officers should rely upon their determinations where it is available.

Officers are encouraged to share their opinions on the need for treatment and whether that treatment would reduce future incidents and enhance public safety with the attorneys involved in any criminal prosecution. Officers shall not delay, obstruct, or hinder any treatment that is considered, recommended, offered, ordered, or otherwise mandated.

When officers attempt to drop off a suspected mentally ill individual at a hospital and are refused they will obtain the name of the medical decision-maker for inclusion in the RMS Minor Aided Case Report. Officers should report the refusal to their supervisor, who will then advise the chain of command via Form 17.

When PES is at capacity the Emergency Communications Center (ECC) will broadcast this information and request officers take those in crisis to other Emergency Room (ER) facilities.

Procedure:

- A. Emergency Hospitalization without Medical Certificate Issued by a Qualified Physician, Ohio Revised Code (ORC) Section 5122.10:
 1. A police officer may take an individual into custody and transport that individual to a hospital if:
 - a. The individual is suspected to be mentally ill and likely to injure himself / herself or others if allowed to remain at liberty.
 2. ORC Section 5122.10 reads, "A person taking the respondent into custody pursuant to this section, shall explain to the respondent the name, professional designation, and agency affiliation of the person taking the respondent into custody; that the custody taking is not a criminal arrest; and that the person is being taken for examination by mental health professionals at a specified mental health facility identified by name".
 3. Officers responding to a call for service involving a mentally ill individual should query RCIC and check the General Conditions return to see if contact information for a family member and/or case worker is available.
 - a. If officers discover that the provided information is incorrect, they will, as soon as possible, notify the NLU.
 4. When placing criminal charges, place a prisoner hold at the hospital according to Procedure 12.600.
 - a. Have ECC notify the hospital if the person is an unusual security risk.
 - b. Telephone the Hamilton County Justice Center (HCJC) Intake Office with the necessary information about the individual hospitalized only when placing criminal charges. Call before leaving the hospital.

- c. Complete a Form 527, Arrest and Investigation Report, and process according to Procedures 12.555 and 12.600. Document any information related to the individual's mental health treatment on Form 527.
- 5. Handcuff suspected mentally ill individuals during the transporting and processing phases when the individual's behavior is unpredictable or past contact indicates there is a potential for violence.
 - a. The law prohibiting the handcuffing of charged and pregnant offenders **does not** apply to original arrests or detainments, even if there is a warrant or capias **unless** the offender has been previously processed and booked, e.g., is out on bond. Refer to Procedure 12.600, Prisoners: Securing, Handling, and Transporting.
 - 1) Officers should consider all circumstances before proceeding to handcuff the offender who they reasonably believe is pregnant.
- 6. Explain the use of handcuffs to the person and the family in a tactful manner.
- 7. Two officers will transport the suspected mentally ill individual.
 - a. The officer with personal knowledge of the individual's behavior or an MHC officer will accompany the transporting officer to the hospital and complete the proper forms.
- 8. Only two hospitals in this area will admit individuals under these circumstances. Service is available 24 hours a day, 7 days a week.
 - a. Transport adults age 18 and over to UC Health Psychiatric Emergency Services (PES) at the Ridgeway Pavilion, 3200 Burnet Avenue, North Entrance, Level A. Officers can access parking for the new facility via the intersection of Burnet Avenue and Albert Sabin Way.
 - 1) UC Health Security will provide escorts to all transports from the Level A entry area to PES in the rear of Level A, if necessary.
 - 2) When transporting to PES request the dispatcher or district desk personnel to call and advise of an ETA.
 - 3) Individuals with a primary medical emergency who may also need psychiatric services must be transported to the University of Cincinnati Medical Center main campus or the nearest medical facility based on the individual's condition. PES is not equipped to receive such individuals.
 - b. Transport children 17 years of age and under to Children's Hospital Medical Center.
 - 1) Handcuffed juveniles are to be brought in through the squad entrance for admission.

9. Upon arrival at the hospital:
 - a. Complete the Ohio Department of Mental Health Form for emergency admission. In the "Statement of Belief" section, briefly note:
 - 1) The circumstances under which the individual came into custody.
 - 2) The reasons for your belief that hospitalization is necessary.
 - 3) Any other pertinent information known about the individual.
 10. Complete an RMS Minor Aided Case Report.
 - a. If the individual is a veteran, the words, Military Veteran, must be written somewhere in the statement of belief form so they will be placed in both the civilian and Department of Defense (DOD), mental health systems.
 - b. When officers attempt to drop off a suspected mentally ill individual at a hospital and are refused they will obtain the name of the medical decision-maker for inclusion in the RMS Minor Aided Case Report. Officers should report the refusal to their supervisor, who will then advise the chain of command via Form 17.
 - c. Forward a copy of the RMS General Conditions/Aided Case Report to the Military Liaison Group.
- B. Talbert House Crisis Hotline (513-281-CARE) Action in Potential Suicides
1. When 281-CARE/Talbert House personnel receive a telephone call dealing with a potential suicide, they will assess the situation.
 - a. If they believe the caller is a threat to himself, they will call Emergency Number 911.
 2. Emergency Communications Center will:
 - a. Relay information to the Cincinnati Bell Telephone Company requesting call tracing.
 - b. Relay the address received to the Officer in Charge (OIC) of the affected district and dispatch two officers to the scene.
 - c. Dispatch an MHC officer to the scene when they are available.
 - d. Advise 281-CARE/Talbert House of the address.
 3. A shift supervisor will respond to the scene.
 4. Applicable law will guide Department personnel in the investigation of these cases. Compassion is a necessary approach to the successful handling of these crisis situations.

C. Mobile Crisis Team (MCT)

1. MCT members provide 24-hour coverage. Supervisors and MHC officers can activate the MCT via ECC or by calling 513-584-5098.
2. MCT members are being automatically dispatched to most Mental Health Crisis calls for service; however, officers can request them on any call for service. MCT response includes:
 - a. Responding with MHC.
 - b. Assessing the nature of a crisis.
 - c. Helping to control a situation, if possible.
 - d. Providing assistance in determining methods to use in response to the emergency.
3. Central Connections can be called 24 hours a day by officers at 558-8888. They provide:
 - a. Around-the-clock contact for any police officer facing a situation involving a suspected mentally ill individual.
 - b. Known premise history about a person with a mental illness who is in a dangerous situation.
 - c. Supplying available psychiatric information about a person in imminent risk of danger to himself or others. The release of this information is in the interest of safety to the person, police, and public in emergency situations.
 - 1) Where permitted by law, do not release information given to Department personnel by sources outside the Department without written permission. Do not use this information beyond the current emergency.
 - a) Immediately advise the appropriate outside source of any requests from the public for documents containing information provided by them.
 - d. Immediate suggestions about dealing with a person showing signs of mental illness.
 - e. Immediate information about services available to help someone in a psychiatric crisis.
 - f. Other necessary information.
4. The Police Department retains primary authority over any crisis situation covered by these guidelines. In an emergency, the Department will, when appropriate, use the advice and information the MCT provides.

5. Officers are encouraged to utilize MCT when responding to a call for service involving a suspected mentally ill individual. Officers will consult with an MCT member before cancelling an MCT response to the scene.

D. Neighborhood Liaison Unit (NLU) Responsibilities

1. Family members of mentally ill individuals have the option of providing contact information for a family member and/or case worker to the Department by contacting the Neighborhood Liaison Unit (NLU) Sergeant in the district where their family member lives.
 - a. The NLU will ensure the information is entered into RCIC. Follow Procedure 12.553, Flagged Persons.
 - 1) The NLU should inform family members that the family is expected to provide the NLU office with updated contact information including any request to remove contact information.
 - 2) If the NLU is made aware that the provided information is incorrect, they will, as soon as possible, take steps to ensure the information is corrected or removed.
2. Family members of mentally ill individuals who have regular contact with that family member, or otherwise become aware of a developing crisis, can contact an NLU officer with real-time information in the district where their family member lives.
 - a. The NLU officer will take appropriate steps to provide beat officers and MCT members with any updates involving the state of an individual's mental health.