



# CONCORD POLICE DEPARTMENT

## STANDARD OPERATING PROCEDURE

### INTERACTIONS WITH THE MENTALLY ILL

**GENERAL ORDER:** 09.03

**CREATED:** December 1, 2000

**ISSUED:** September 7, 2021

**CALEA STANDARD:** 41.2.7

**EFFECTIVE DATE:** September 7, 2021

**ACTION:** Amends general order dated December 23, 2019.

#### **09.03.0**     **PURPOSE**

The purpose of this general order is to identify and provide the most effective and understanding response possible to police situations involving individuals experiencing a mental health crisis.

#### **09.03.1**     **POLICY**

It shall be the policy of the Concord Police Department to ensure all citizens receive a high level of service. All coworkers shall afford individuals with mental illnesses the same rights and access to police and other government and community services as are provided to all citizens.

#### **09.03.2**     **DEFINITIONS**

##### A. CRISIS INTERVENTION TEAM (CIT)

Specialized training in interpersonal skills that allows coworkers to handle incidents and safely de-escalate situations involving individuals suffering from mental illness who are in crisis. Coworkers receiving this training are certified and called upon to handle situations involving the mentally ill specifically.

##### B. DEVELOPMENTAL DISABILITY

A disability attributable to brain injury, autism, mental retardation, or another neurological condition closely related to mental retardation or requiring treatment similar to that required for mental retardation, which has continued or can be expected to continue indefinitely and constitutes a substantial handicap to the afflicted individual. Developmental disability does not include senility that is primarily caused by the process of aging or infirmities of aging.

##### C. INVOLUNTARY COMMITMENT

A mental commitment executed by an officer in accordance with an involuntary commitment order issued by a magistrate or clerk of court.

D. MENTAL HEALTH CRISIS

A life threatening situation in which an individual is imminently threatening harm to self or others, severely disorientated or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control.

E. MENTAL ILLNESS

An illness that may lessen the capacity of an individual to use self-control, judgment, and discretion in the conduction of their affairs and social relations as to make it necessary or advisable for them to be under treatment, care supervision, guidance, or control.

F. SUBSTANCE ABUSE

The harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

G. VOLUNTARY COMMITMENT

A mental commitment of an individual who independently and personally decides to be admitted to a treatment facility.

**09.03.3 ENCOUNTERS WITH INDIVIDUALS SUFFERING FROM MENTAL HEALTH CRISIS**

A. RECOGNITION OF MENTAL ILLNESS / MENTAL HEALTH CRISIS

Coworkers are not expected to make a clinical diagnosis on mental or emotional behavior, but rather to recognize general signs and symptoms of behavior that may suggest the presence of a mental illness. Such behaviors include:

1. Loss of memory or inability to concentrate;
2. Confusion, disorientation, or delusions;
3. Depression, deep feelings of sadness, hopelessness or uselessness;
4. Withdrawal from family and friends or abnormal self-centeredness;
5. Incoherence, extreme fatigue or insomnia;
6. Extreme paranoia, fear or suspiciousness of others or a strong nervous feeling;
7. Mood changes that include rapid or dramatic shifts in feelings;
8. Easily frustrated with new or unforeseen circumstances;
9. Hallucinations of any of the five senses.

**B. GUIDELINES FOR INTERACTION**

1. When practicable, gather as much information as possible about the individual from family, friends and others sources familiar with the individual.
2. Take steps to calm or de-escalate the situation. Create a safe area between you and the individual.
3. If possible, remove distractions such as noise or bystanders to help diffuse the situation. Also, turn off emergency equipment such as lights and siren.
4. Announce your actions prior to approaching the individual, unless doing so would compromise safety. Avoid any sudden movement.
5. Use simple, consistent language and reassure the individual that you do not intend them harm.
6. Avoid getting too close, cornering or touching the individual.
7. Avoid threatening the individual with arrest which may cause physical assault, resistance, or other acts of aggression.
8. Bizarre behavior alone is not a reason for use of physical force. Only when the person is so dangerous or violent that there is a direct and immediate risk that the individual or another person is likely to be harmed should force be used. The use of force shall be within the guidelines of G.O. 05.04 – Use of Force.

**09.03.4    COMMITMENTS****A. VOLUNTARY COMMITMENTS**

1. Officers will attempt to seek non-arrest resolutions of individuals suffering from a mental health crisis whenever possible. The officer shall encourage the individual, or their relatives, to initiate voluntary admission proceedings whenever no overt acts are present and when the individual is not violent.
2. If immediate treatment is needed for the individual, and they are willing to go voluntarily, the officer may transport the individual to CMC-Northeast.
3. If while in transport to a medical facility the individual changes their mind about receiving treatment, and no custody order has been issued, the officer may transport them to their residence or to the home of a consenting third party.
4. An officer shall not transport the individual to a location outside of the city limits without extenuating circumstances and supervisor approval.

**B. INVOLUNTARY COMMITMENTS**

1. Anyone having intimate knowledge of an individual who is suffering from a mental health crisis and either a danger to themselves or others, or in need of treatment to prevent further disability or deterioration that would predictably result in dangerousness, may apply to the clerk or magistrate for a custody order to take the individual into custody for examination.
2. The custody order issued by the clerk or magistrate authorizes a law enforcement officer to take the individual into custody and transport them to a mental health facility for examination by a physician.
3. N.C.G.S. §122C-261(e) requires a law enforcement officer who receives a custody order from the clerk or magistrate to take the individual into custody within 24 hours after the order is signed. If the individual cannot be located and taken into custody within this twenty-four hour period, the order shall be returned unserved. If the individual is located after this time, the order would have to be reissued prior to taking the respondent into custody.
4. The custody order must be in hand at the time the individual is taken into custody unless a delay in taking the individual into custody may create a dangerous situation for them or other citizens.
5. If the individual's behavior necessitates them being taken into custody without a custody order, the officer shall transport the individual to the emergency room of CMC-Northeast for evaluation.
6. Once the officer has verified that an order for involuntary commitment is on file, the officer will take the individual of that order into custody and restrain them in an appropriate manner.
7. An officer may use reasonable force to restrain the individual if it appears necessary to protect the officer, the individual, or others. (N.C.G.S. §122C-251(e))
8. The officer may assume control of personal property such as a handbag, etc., that is in possession of the individual in custody. These items should be safely secured.
9. Restraining devices may be used on any individual who is violent, threatens the safety of themselves or others, or whom the officer reasonably believes poses a threat of such violence.
10. Any officer who takes custody of an individual for involuntary commitment purposes, shall conduct a search of the individual prior to being placed in a vehicle for transport.
11. An officer may enter the premises of the individual under the same circumstances allowed for executing an arrest warrant. The following must exist:

- a. The officer must have probable cause to believe that the person to be taken into custody is on the premises;
- b. The officer must have given or made a reasonable effort to give the occupant notice of his/her presence unless there is reasonable cause to believe that giving such notice would present a clear danger to human life;
- c. The officer must have the signed custody order in his/her possession.

If, after these conditions are satisfied, the officer reasonably believes his/her admittance onto the premises is being denied or unreasonably delayed, the officer may use force to enter.

12. An individual who is physically impaired and would suffer additional injury if transported by a police vehicle should be transported by ambulance.
13. The officer completes the "Return of Service/Custody Certification" at the time the respondent is taken into custody or when the custody order is served on the respondent.
14. A law enforcement officer must remain with the individual until the officer has determined that a physician or eligible psychologist at the area authority is available to conduct the examination. The officer may leave the individual if they will be left under appropriate supervision.

Determining what appropriate supervision is will depend on the circumstances of each case. Factors to consider include:

- a. Whether the individual appears violent;
  - b. Whether the individual has a history of violence;
  - c. The type of facility where the individual is being examined;
  - d. The personnel available to supervise the respondent (i.e., is there a security guard or company police officer on site?).
15. If the physician determines that the individual needs neither inpatient nor outpatient treatment, the agency who originally took the individual into custody shall return the individual to the individual's regular residence or, to the home of a consenting individual located in the county.
  16. If it is determined that the individual is not in need of treatment, the officer shall make the return of the custody order to the magistrate.
  17. If it is found that an individual undergoing an involuntary commitment has criminal warrants or is wanted, the individual shall not be taken into custody until all mental health treatment and assessments have been completed.

18. If an individual begins to exhibit suicidal tendencies or characteristics of a mental health crisis after being taken into custody on criminal charges, the officer that has custody of the individual shall notify their immediate supervisor and consider transporting the individual to Atrium Health Cabarrus for evaluation.

#### **09.03.5      EMERGENCY PROCEDURES**

- A. Any officer, who has knowledge of an individual who is subject to inpatient commitment and who requires immediate hospitalization to prevent harm to self or others, may transport the individual directly to Atrium Health Cabarrus for examination by a physician or eligible psychologist.
- B. It is not necessary for an officer to personally observe a subject's bizarre behavior. The standard for police action is "probable cause," not personal observation. Officers should base their decision to initiate an emergency detention on the totality of the circumstances in each case. This includes, but is not limited to, the following:
  1. Observations of the scene (weapons, pills, suicide notes, odor of natural gas, evidence of a struggle);
  2. Observations of the subject (dress, behavior, or physical condition);
  3. Statements of family members, relatives, neighbors, ambulance or other medical personnel;
  4. Prior police contacts with the subject;
  5. Past mental health history of the subject;
  6. Statements made by the individual to a coworker or others.

**Note: It is not required that the patient make an "incriminating" statement to police before an emergency detention can be made. Coworkers are also cautioned not to rely exclusively on patient statements that may contradict the other factors in the investigation.**

#### **09.03.6      CRISIS INTERVENTION PROGRAM – TRAINING AND PROTOCOL**

- A. CIT PROGRAM
  1. It is the goal of the Concord Police Department that every sworn coworker assigned to patrol duties receive the basic 40-hour CIT course. Customer Service coworkers shall receive CIT training, or comparable training.
  2. Uniformed CIT trained coworkers may be identifiable by wearing the CIT pin, centered above the coworker's nameplate on the uniform shirt or outer vest carrier.

**B. CIT DISPATCH PROTOCOL**

1. For a non-priority call where the dispatcher deems the need to use a CIT trained officer, the watch commander shall be notified to coordinate which officer to utilize. The watch commander shall also be dispatched to the call.
2. For a priority emergency call, communications shall dispatch the officer closest to the location of the incident and/or the closest available CIT trained officer. The watch commander shall also be dispatched to the call.
3. The lack of a CIT member will not delay the dispatching of a mental health-related assignment. Dispatchers will not hold assignments pending the availability of a CIT member.
4. In the absence of a supervisor, the responding CIT officer will have the authority to direct police activities. Upon the arrival of a supervisor to the scene, the CIT officer shall relinquish such authority.
5. In addition to the special skills notification in CAD, a notification on the daily expeditor log will indicate on the roster which officers are CIT trained.
6. When practicable, officers who have not received CIT training shall request the assistance of a CIT trained officer upon encountering a suspected mentally ill individual.
7. A CIT officer, if in plain clothes will be accompanied by a uniformed officer to an emergency type situation.
8. Should an incident become a hostage situation, an armed barricaded individual or any other critical situation, the communications center will be advised to contact the SWAT Commander. If safe to do so, the CIT officer will continue negotiations until relieved by a member of the department's crisis negotiation team.

**C. NATURE OF CALLS REQUIRING CIT RESPONSE**

1. An individual is threatening or considering suicide;
2. An individual is suffering from depression, paranoia, or substance abuse;
3. An individual is suffering from cognitive disorders such as dementia or Alzheimer's;
4. Mental commitments where the individual is not located in a facility that provides mental health resources and has to be taken into custody;
5. Military veterans and others suffering from Post-Traumatic Stress Disorder (PTSD);
6. An individual suffering from autism;

7. Any incident that the Communications Center has information where CIT would be beneficial based on their CIT training and knowledge of the situation.

**09.03.7**      **COMMUNITY RESOURCES**

- A. There are several community resources available to those suffering mental health issues that include but not limited to:
  1. Partners Behavioral Health Management 1-877-864-1454;
  2. Daymark Recovery Services 24-Hour Crisis Hotline 1-866-275-9552;
  3. Monarch Services 1-866-272-7826;
  4. National Suicide Prevention Hotline 1-800-273-8255;
  5. Thompson Child and Family Services 704-396-5072.
- B. Coworkers may utilize or recommend these resources when interacting with individuals suffering from a mental health crisis or their families in situations that do not require emergency involuntary commitments.

**09.03.8**      **TRAINING REQUIREMENTS**

- A. All agency coworkers shall receive documented entry level training with documented refresher training provided annually.



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