	GENERAL ORDER **DURHAM POLICE DEPARTMENT** **DURHAM, NC**	**NUMBER:** **4007 R-8**

RESPONSE TO INDIVIDUALS WITH MENTAL HEALTH ISSUES

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INTRODUCTION

It is the policy of the Durham Police Department (DPD) to provide individuals who are in crisis, displaying signs of mental illness, or severe emotional distress, with the same rights, dignity, and access to law enforcement and other government and community services provided to all citizens, without compromising the safety of the individual, citizens, or the officers involved in the incident.

DEFINITIONS

Crisis Intervention Officer- a CIT officer who investigates reports of individuals in crisis and determines the appropriateness of services offered and referrals made. The CIT officer can also assist with criminal investigations.

Co-Response Team (CoR)- a CIT officer and a clinician from the Community Safety Department who respond to live crisis calls for service as well as Involuntary Commitments.

IVC Response Team (IRT Unit)- a clinician from the Community Safety Department and an EMT who responds to mental health crises that may require involuntary evaluation and commitment.

CRISIS INTERVENTION AND CO-RESPONSE TEAM

The Crisis Intervention Team (CIT) consists of certified officers who have completed the crisis intervention training and are therefore designated to handle situations involving the mentally ill, incapacitated persons, persons in crisis, and their families. CIT-certified officers may be assigned to any unit in the Department.

In a collaborative effort, the Durham Police Department and the Community Safety Department have established a Co-Response Team (COR). This team consists of a CIT-trained officer and a clinician from the Community Safety Department who work together to respond to calls involving mental or behavioral health challenges. These co-response officers act as liaisons between the DPD and the various medical, social, and community services used by the CIT Team. They also review calls and referrals for appropriate follow-up and statistical collection.

COR responds to calls for service where there is a recognized or suspected mental or behavioral health element and a higher risk of a weapon being present or safety concern for the responding officers. Whenever possible, a

CIT-certified officer should respond to calls for service involving individuals experiencing a mental health crisis and identify themselves as CIT-certified upon their arrival at the scene.

RECOGNIZING CHARACTERISTICS OF MENTAL HEALTH ISSUES OR CRISIS

Behavioral indicators of different mental health issues or someone in crisis may include, but are not limited to:

- Loss of memory or inability to concentrate;
- Confusion, disorientation, hallucinations, delusions, or extreme paranoia;
- Depression, deep feelings of sadness, hopelessness, or uselessness;
- Manic behavior, anxiety, accelerated thinking and speaking, or hyperactivity;
- Withdrawal from family and friends, abnormal self-centeredness; and/or
- Incoherence, extreme fatigue, insomnia.

The degree to which these symptoms exist varies from person to person and according to the type and severity of the mental illness. Many of these symptoms represent internal, emotional states that are not readily observable from a distance but are noticeable in conversation with the individual.

While the above list is comprised of indicators of possible mental illness, members must be mindful that they may also signify a condition other than mental illness; e.g., alcohol or drug abuse, a medical disorder, head injury, dementia, or aging disorder, etc. DPD members are not expected to diagnose such conditions or illnesses; however, recognizing symptoms that may indicate mental illness will help members decide on an appropriate response and disposition.

GUIDELINES FOR INTERACTION

When responding to a call that involves a person who has or exhibits symptoms of mental illness, officers should attempt to utilize the following guidelines:

- Gather as much information as possible about the individual from family, friends, human services, and/or witnesses.
    - Has the person threatened or attempted to use violence or acted dangerously toward themselves or others?
    - Does the person have a history of mental health issues?
    - Does the person take any medications?
- Establish a perimeter to protect the individual.
- Remove distractions, such as noise and bystanders, to help diffuse the situation.
- Move slowly and announce your actions before engaging them, unless doing so would compromise safety.
- Adhere to all established training for the protection of the mentally ill person, officers, and bystanders.
- When tactically safe to do so, communicate with the person using the following guidelines:
    - Remain calm and respectful.
    - Be friendly, patient, truthful, encouraging, and remain firm and professional.

- Use simple, consistent language.
- Reassure the person that you do not intend to harm them.
- Avoid sudden movement, shouting, or giving rapid orders.
- Avoid forcing discussion; give the person time to process.
- Avoid getting too close, cornering, or touching the person without their permission.
- Avoid expressing anger, impatience, or irritation.
- Avoid buying into or agreeing with delusional or hallucinatory statements.
- Do not use inflammatory language; make jokes or rude comments.
- Do not assume a person who does not respond cannot hear or understand what is being said.
- When asking questions, frame them using "how" or "what" instead of "why."

The Community Services Division maintains a Crisis Evaluation Tool that is available to all officers. This tool provides officers with recommended questions, an observational checklist, available resources, and a list of considerations to aid officers in deciding the appropriate actions to be taken for the circumstances. A CIT report module should be completed when an officer fills out the incident report per General Order (G.O.) 4028 *Report Writing*. To assist officers in gathering appropriate information, a paper version of the CIT Report is available to officers. Officers should be familiar with these documents and have them readily accessible for reference on calls for service.

Officers and victims' advocates will consider whether involving added resources to evaluate the mentally ill person is necessary. These resources may include, but are not limited to, any of the community resources identified in the Crisis Evaluation Tool.

Traditional call resolutions, such as arrests or hospitalizations, may not be appropriate because of the complex nature of the mental illness. Arrests for behavioral manifestations of mental illness that are not criminal in nature are prohibited. Taking a mentally ill individual into custody can occur only when the individual has committed a crime or presents a danger to the safety of themselves or others and meets the criteria for commitment procedures.

Behavioral indicators of mental illness or crisis may be displayed at any time, and as such, officers should be aware of the behavior indicators mentioned above during both preliminary and follow-up investigative actions. If an officer conducting an investigation (preliminary or follow-up) observes these indicators, they should refer to the Crisis Evaluation Tool and, if beneficial, contact an IRT (IVC Response Team) Unit, CIT or COR officer member for a response.

Once the crisis has been stabilized, the officer will document the findings of the call by making notes in CAD and, if necessary, complete any other incident reports per G.O. 4028 *Report Writing*. The call should be cleared as either Code 5 or Code 5R if an incident report number was assigned to the call. The CIT sergeant can access the report in RMS.

INTERVIEWS & INTERROGATIONS

When possible, officers should attempt to contact a COR unit to assist with the interview process for individuals exhibiting a mental illness. Individuals exhibiting indicators of mental illness should be interviewed in a calm setting, free from distraction. Officers should ensure the person has access to water, restroom facilities, and prescribed medications, as needed. When reasonable, officers should contact a CIT officer or a COR unit to review available options for assistance, such as facilitating contact with providers, mental health professionals,

or caregivers who could connect with the subject and provide services.

Custodial interrogations of individuals will be conducted in accordance with all applicable constitutional, statutory, and policy requirements. An individual's statements to police must be made voluntarily and with understanding. A court will consider the totality of the circumstances surrounding the statement(s) to determine whether they were made voluntarily and with understanding, including, but not limited to, factors such as the individual's physical and mental condition. The fact that officers properly advise an individual of their Miranda warnings and obtain a waiver does not, by itself, guarantee a court will determine that an individual's statements were made voluntarily and with understanding. Therefore, officers should take into consideration the extent to which a person's mental health issues or impairment may affect their ability to comprehend their rights and knowingly waive them. If it would appear to a reasonable person that the individual does not understand their rights, questioning of the person related to the criminal investigation should cease.

TRANSPORTATION & COMMITMENT PROCEDURES

Officers are encouraged to use all available options listed in the Crisis Evaluation Tool before transporting and/or committing individuals.

Durham Recovery Response Center (DRRC), formerly known as Durham Center Access, should be the first choice for either voluntary transport or involuntary commitment.

The emergency room should only be considered if:

- There is a medical issue requiring evaluation or hospitalization;
- There is an imminent danger of violence to themselves or others.
- The subject has severe memory, intellectual or physical impairment; or
- The subject is under the age of 18 and needs to be committed.

Veterans should be encouraged to use the VA hospital.

For all transports, the officer will document (either in CAD notes or the incident report) the following information to assist in the CIT follow-up:

- The name, date of birth, and address of the person being transported;
- The facility that they were transported to; and
- The reason for the transport (medical evaluation, violent actions, directed by a primary facility, etc.)

The assignment of an officer to transport an individual for examination, treatment, or commitment is dependent on the availability of a transporting officer who meets the following criteria:

- An individual being transported for examination, treatment, or commitment should be provided a driver or attendant of the same sex when the accommodation is feasible. A family member may be requested to go with the individual during transport in lieu of the same sex driver or attendant.

- If DPD needs to transport an individual for examination, treatment, or commitment, the transporting officer should dress in plainclothes or class D uniform and travel in unmarked vehicles whenever possible, unless the combative or threatening behavior necessitates restraints and a vehicle with a shield to complete the transportation safety. If uniformed officers are already on the scene with an individual and having someone in plain clothes with an unmarked vehicle will significantly delay the transport,

they may ask the individual who needs transport for their preference. (N.C.G.S. § 122C-251)

- If the transport is needed Monday through Friday from 8:00 AM to 4:00 PM, a CIT unit member should handle the transport whenever possible.

At no time will an officer leave such individuals unattended in the transporting vehicle.

If an individual decides against voluntary commitment or they are either not committed, or outpatient commitment is not recommended, then the transporting officer, or designee, will provide transport with the consent of the individual, to their home or the home of a consenting third party.

If the individual is committed for inpatient treatment, an officer may be required to transport the individual to another treatment facility within the city.

Voluntary Commitments

Voluntary admission will be used when an officer comes in contact with any subject suspected of having a mental illness, alcoholism, or drug addiction who recognizes and expresses that they need treatment and are voluntarily willing to seek professional help. The officer will always first encourage the person or a relative to initiate voluntary admission proceedings when no overt acts are present or the person is not violent.

The officer will advise the person seeking help to contact DRRC, Mobile Crisis, or other providers as listed on the Crisis Evaluation Tool or a private physician for an appointment. If a transport for a voluntary commitment is conducted, officers are expected to document the identified need for transportation (see Crisis Evaluation Tool).

If the subject needs immediate or emergency treatment and the subject is willing to go voluntarily, they may be transported to DRRC or a local hospital.

Involuntary Commitments

Anyone having intimate knowledge of an individual who is mentally ill and, either (i) dangerous to themselves or others (as defined in NCGS 122C-3(11a) or 122C-3(11b) or (ii) in need of treatment to prevent further disability or deterioration that would predictably result in dangerousness, may apply to the clerk or magistrate in the county where the respondent is found or resides, for an order to take the respondent into custody for examination by a physician or eligible psychologist.

An officer who receives a valid custody order for involuntary commitment must take the respondent into custody within 24 hours after the order is signed. If the respondent cannot be located and taken into custody within the 24-hour period, the officer in possession of the order will be responsible for returning it to the magistrate or clerk to be evaluated for re-issue.

Upon taking custody of the respondent, the officer must proceed directly to DRRC, or an appropriate hospital, and inform the respondent that they are not under arrest, have not committed a crime, and are being transported for their own safety and the safety of others.

Whenever officers transport a respondent to DRRC, they should first contact the facility to ensure there is available space to avoid prolonged transport time. After arrival, the respondent will be examined by a physician or qualified psychologist who will determine if the respondent meets the requirements for commitment to the treatment facility. Regardless of whether the respondent is committed or released, pursuant to the court order, the officer taking custody of the respondent will complete the Return of Service section of the order and return

the original to the magistrate or the clerk.

In cases involving a mental health crisis that may require involuntary commitment, law enforcement officers can request assistance from the IVC Response Team (IRT Unit). This can be done either while on scene or enroute to the individual's location. Collaborating with the IRT Unit ensures that those in crisis receive the specialized support they need.

Upon the IRT Unit's arrival, the responding officers will provide a detailed briefing that includes important information about the individual's needs, behavior, and relevant background. This briefing assists the IRT Unit in effectively evaluating the individual's needs. The initial responders will remain on scene briefly to support the transition and guarantee that the IRT Team is fully informed as they engage and assess the individual.

If the criteria for involuntary commitment are satisfied and a custody order is issued, the appropriate resources will transport the individual to a hospital, following established protocols.

Emergency Commitments

Anyone, including law enforcement officers who have knowledge of an individual who is subject to inpatient commitment and who requires *immediate* hospitalization to prevent harm to themselves or others, may transport the individual directly to DRRC, or an appropriate hospital, for examination by a physician or eligible psychologist. Officers are expected to articulate the need for an emergency commitment (see the Crisis Evaluation Tool). Before or upon arrival, officers will advise the staff of the receiving facility regarding an emergency commitment of the individual in custody. Custody may be transferred to a law enforcement officer at the facility if the facility's officer or agency is willing to assume custody.

NOTE: This process is to be used only in the most extreme and/or unusual circumstances.

Transportation Orders

A transportation order may be issued for an individual who, while being treated as an outpatient, fails to comply with any prescribed treatment. Such orders direct law enforcement officers to take a named individual into custody for transportation to a specified treatment facility for evaluation. If necessary, an officer may use a reasonable amount of force to transport an outpatient respondent to an evaluation center, in accordance with a transportation order. The officer may, but is not required to wait during the examination and return the respondent home after the examination.

An officer executing a transportation order will complete the return of service section and return the original to the magistrate or clerk. If the respondent cannot be located and taken into custody, the officer in possession of the order will be responsible for returning it to the magistrate or clerk as unserved.

FORCIBLE ENTRY TO TAKE RESPONDENT INTO CUSTODY

An officer in possession of a valid custody order for involuntary commitment does not need to obtain a search warrant in order to enter the respondent's premises to take the respondent into custody. An officer may enter the premises of the respondent under the same circumstances allowed for executing an arrest warrant. The officer must have:

- Probable cause to believe that the person to be taken into custody is on the premises;
- Given notice of the officer's presence, unless there is probable cause to believe that giving such notice would present a clear danger to human life:

- The valid signed custody order in their possession.

If, after these conditions are satisfied, the officer reasonably believes their admittance is being unreasonably delayed or denied, the officer may use a reasonable amount of force to enter the premises.

If the respondent is in a third party's premises, the third party must give consent, or the officer must obtain a search warrant in addition to the custody order to enter the premises.

In addition, an officer may forcibly enter a private premise in order to effectuate an emergency commitment. . This can be done without a search warrant or even an involuntary commitment order, as NCGS 15A-285 allows officers to enter buildings, vehicles, and other premises if they reasonably believe that doing so is urgently necessary to save a life, prevent serious bodily injury, or avert or control a catastrophe. This provision should only be relied upon in the most extreme and unusual circumstances.

TRANSFER OF CUSTODY

An officer transporting an individual to DRRC, or an appropriate hospital, for involuntary or emergency commitment must remain with the individual until the individual, and any accompanying commitment papers, are delivered to another law enforcement officer or facility staff and a transfer of custody is agreed upon by the receiving facility. It is the transporting officer's responsibility to update the facility medical staff of information relevant to the commitment.

If an officer is completing a transport of only commitment papers to a 24-hour treatment facility, then the officer must be able to confirm that the respondent is in the facility before leaving and/or signing the custody order. If the respondent's location cannot be confirmed, the officer will return all paperwork to the magistrate's office.

INEBRIATED PERSON PROTOCOL

Officers may encounter individuals who are intoxicated in public but are not otherwise in violation of laws or ordinances. These individuals may if left unattended, present a danger to themselves or others. Officers should first attempt to take the inebriated individual to the individual or a designated third party's home.

If transporting the individual to a residence is not feasible, officers may transport the person to DRRC, but the individual must go voluntarily and have no known medical problems. If medical treatment is warranted, the individual must be transported to an appropriate medical facility. The Crisis Evaluation Tool may be used to assist in determining whether a subject should be transported.

DEPARTMENT TRAINING

All members will receive documented entry-level training regarding interactions with persons suspected of suffering from mental health issues that are appropriate for their assignment. Officers will be trained to interact with individuals suspected of having a mental illness during the academy.

Annually, all members will receive documented refresher training regarding interactions with persons suspected of suffering from mental health issues.

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