

A. **PURPOSE:** This policy defines the Grand Rapids Police Department's (GRPD) commitment and the officer's responsibility in responding to situations involving individuals with mental illnesses, developmental/intellectual disabilities, and neurocognitive disorders. The overall purpose of this policy and procedure is to offer guidance to officers in their response to individuals with impaired mental function.

B. **DEFINITIONS:**

1. *Mental Illness.* A substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or the ability to cope with the ordinary demands of life. Common mental health diagnosis' include Bipolar Disorder, Major Depression, Schizophrenia, Social Anxiety Disorder and PTSD.
2. *Developmental/Intellectual Disability.* A condition that may occur from birth or early childhood which prevents the individual from being fully independent. Developmental disabilities may be characterized by the inability to live independently, communicate, care for oneself, or hold a job. Common developmental/intellectual disabilities include autism, ADHD, cerebral palsy, Downs syndrome and fetal alcohol syndrome.
3. *Neurocognitive Disorders.* Neurocognitive disorder is a general term that describes decreased mental function due to a medical disease other than a psychiatric illness. Common neurocognitive disorders include dementia (including Alzheimer's), Parkinson's disease and multiple sclerosis
4. *Protective (Involuntary) Custody.* Is civil in nature and is the temporary custody of an individual by a peace officer with or without an individual's consent for the purpose of protecting that individual's safety and health, or the safety and health of the public, and for the purpose of transporting the individual if the individual appears to be a Person Requiring Treatment (PRT).
5. *Involuntary Mental Health Treatment.* Means court-ordered hospitalization, assisted outpatient treatment, or combined hospitalization and assisted outpatient treatment.

NOTE: See Reference 15-1 for Behavioral and Verbal Responses

C. **POLICY:** When dealing with an individual with a mental disorder, officers should interpret verbal and behavioral cues, understand the legal authority to act and be knowledgeable with partners in the community to best meet the needs of the individual. Officers must consider a variety of options at

the scene, including long-term resolutions, and initiate appropriate action depending on the context of the situation.

D. PROCEDURES:

1. Initial response and contact.

- a. When responding to a situation involving an individual with a mental disorder, officers shall obtain information, assess the situation, and determine whether the situation involves potential violence, the presence of weapons or physical injury.
- b. Responding officers shall approach the scene by maintaining safety by utilizing a tactical approach, maintaining proper contact and cover principles, looking for weapons and anticipating the potential for violent aggression.
- c. At the scene officers must evaluate dangerous or potentially dangerous behavior. This may include the involvement of alcohol or controlled substances, erratic behavior that may escalate to aggression toward the officer or others, or the immediate need for medical assistance.
- d. Officers shall stabilize the scene using appropriate de-escalation techniques. In general, officers should approach the scene strategically and interact in a calm, non-threatening manner. The following de-escalation strategies can be used to calm a person who experiencing an emotional crisis.
 - (1) Indicate a willingness to help
 - (2) Listen to the individual's needs
 - (3) Speak simply and move slowly
 - (4) Be patient and encouraging
 - (5) Announce actions before initiating them
 - (6) Avoid touching (except for safety)

2. Interactions at the scene

- a. Officers shall attempt to communicate appropriately and effectively with those suffering from a mental disorder.
- b. If practical, officers shall question family members, caregivers, friends, or anyone having knowledge of the subject's condition.

- c. Officers may observe medications at the scene used by subjects with a mental disorder which they shall take note of.
- d. Officers may recognize that those suffering from a mental disorder may not be taking their medication or may be taking other non-prescribed substances in effort to self-medicate.

3. Interventions

- a. Officers shall make informed decisions regarding intervention strategies at the scene. Officers shall evaluate the nature and seriousness of the situation by considering scene safety, physical injury, behavioral cues, and the current environment. The officers' decision to resolve the situation must be based on the totality of circumstances and legal authority to act.
- b. The determination to take the individual into involuntary custody (PRT) shall be based upon the criteria set forth in the mental health code (see Legal Authority to Act).
- c. Officers shall consider alternatives to involuntary custody, in the absence of a serious offense, outstanding warrant or PRT:
 - (1) Voluntary hospitalization
 - (2) Referral to Network 180 Mobile Crisis Response
 - (3) Referral to medical, mental health, or outpatient facility
 - (4) Release to family members or supportive care
 - (5) Counsel and release

E. LEGAL AUTHORITY TO ACT ([MCL 330.1426](#), [MCL 330.1427](#))

- 1. Officers are authorized by law to take a Person Requiring Treatment (PRT), who is suffering from a mental health crisis, into protective custody if that person:
 - a. Has been ordered into protective custody by the court.
 - b. Can reasonably be expected, within the near future, to intentionally or unintentionally seriously physically injure himself/herself or another person, and who has engaged in an act or acts or made significant threats that are substantially supportive of the expectation.
 - c. Is unable to attend to those of his/her basic physical needs such as food, clothing, or shelter that must be attended to for him/her to avoid serious

harm in the near future, and who has demonstrated that inability by failing to attend to those basic physical needs *due to symptoms of mental illness*; or,

- d. Is unable to understand his/her need for treatment and whose continued behavior as the result of this mental illness can reasonably be expected, based on competent medical opinion, to result in significant physical harm to himself/herself or others.
 - (1) Officers shall not take into protective custody a person whose mental processes have simply been weakened or impaired by reason of advanced years, alcoholism, drug dependence, developmental/intellectual disability, neurocognitive disorders, or a medical condition, unless the person also meets the criteria specified in subsection B.1.
 - (2) However, the person may be hospitalized under the informal or formal voluntary hospitalization provisions if a medical or mental health professional deems, he/she is clinically suitable for hospitalization.

F. NETWORK 180 ACCESS CENTER (COMMUNITY MENTAL HEALTH)

- 1. Network 180 Access Center at 790 Fuller Ave NE. It is intended to be the “front door” to all mental health services.
 - a. Services are provided on a 24-hour basis and may be gained by calling 616-336-3909 for police access.
- 2. Network 180 Mobile Crisis Response can respond to anywhere in the city. It is designed to address acute mental health crisis’ in the community.
 - a. Services are provided from 0900-1700 hrs., 7-days a week, by calling 616-333-1000.

G. SPECIFIC RESPONSIBILITIES

- 1. The Watch Commander shall:
 - a. Be responsible for the intake, dissemination, distribution, and maintenance of all active court orders for hospitalization.

- b. Upon receipt of a court order for hospitalization, draw an incident number and complete an original report in the records management system.
- c. Ensure that an appropriate number of personnel are assigned to attempts to take the PRT into protective custody.
 - (1) In cases where resistant, violent, and/or suicidal behaviors are present with the individual, a minimum of 1 sergeant and 2 officers shall be assigned to attempts to take the individual into protective custody.
- d. Ensure that information received from the petitioner is provided to the assigned sergeant/officers.
- e. Shall ensure that the PRT's information is added to the West Michigan Radio Bulletin (including an Officer Safety Bulletin, if warranted) if initial attempts to locate are unsuccessful, the PRT is believed to be outside the city limits or the PRT is in imminent danger to self or others.
- f. If a PRT, as defined in B.1, is unable to be placed by an officer at a mental health facility for preadmission screening or treatment:
 - (1) Attempt to utilize a medical facility emergency room to temporarily secure and house the PRT until further arrangements can be made for final disposition, or
 - (2) Contact the on-duty or on-call KCCF Shift lieutenant to secure temporary lodging at the Kent County Correctional Facility (KCCF) until preadmission screening or treatment arrangements can be made by KCCF personnel (this would only be in a situation where the PRT has committed a criminal offense).
 - (3) Upon receipt of authorization, direct the officer to transport the PRT to KCCF for lodging.
- g. When personnel are unable to serve the petition during a given shift, the Watch Commander shall ensure that the subsequent shift makes all reasonable attempts to serve the order. All active, unexecuted orders for hospitalization shall be stored with the Watch Commander.
- h. Upon the expiration (10 days) of an unexecuted order:

- (1) Remove the order from the maintenance file and complete (or have designated) a follow-up report documenting that the individual was not able to be located for service.
 - (2) Ensure that the WMRB entry, if submitted, is removed.
2. When taking a PRT into protective custody, police officers shall:
 - a. Inform the PRT that he or she is not under arrest, but only being held in protective custody for mental health treatment.
 - (1) When a minor under the age of 18 years is taken into Protective Custody, an officer shall make all reasonable attempts to contact a parent or legal guardian.
 - b. Use a reasonable amount of force.
 - c. Take reasonable steps for self-protection prior to transporting the PRT, including:
 - (1) A custodial search of the PRT.
 - (2) Search of the PRT's immediate surroundings, only to the extent necessary to discover a dangerous weapon or other dangerous object. Any dangerous weapons and criminal matters shall be handled accordingly. An officer should also consider taking any weapon for safekeeping that the person has access to.
 - d. Ensure the PRT does not need any immediate medical attention. Contact medical personnel via Dispatch if the PRT needs medical assistance, including transportation via an ambulance.
 - e. If an officer's detention of an individual is based upon the WMRB message indicating that the individual is a PRT or has an active court order for hospitalization, the officer shall:
 - (1) Confirm the existence of the order and determine/confirm the disposition of the PRT.
 - (2) Acquire the original copy of the order from the Watch Commander before presenting the PRT to the designated pre-admission screening unit.

- f. Transport the person to the location specified by the Network 180 Access Center, unless otherwise designated in the order.
 - (1) If a PRT, as defined in B.1, is unable to be placed in a mental health facility for preadmission screening or treatment, the officer shall:
 - (a) Attempt to utilize a medical facility emergency room to temporarily secure and house the PRT until further arrangements can be made for final disposition, or
 - (b) Contact the Watch Commander to secure temporary lodging at the Kent County Correctional Facility (KCCF) until preadmission screening or treatment arrangements can be made by KCCF personnel (this would only be in a situation where the PRT has committed a criminal offense).
 - (c) Upon receiving approval from the Watch Commander, transport the PRT to KCCF for lodging.
- g. Release the individual, if so recommended, after consultation with a mental health professional. The mental health agency shall ensure provisions for follow-up counseling, diagnostic review, or referral services/resources as needed.
- h. Assist mental health professionals in hospitalizing the PRT, including enlisting family members or friends, or acting as the petitioner for hospitalization. This process may include the transporting of the PRT to an emergency room for medical clearance.
- i. Complete a report in the records management system on all incidents involving a person who is reasonably believed to have a mental illness, regardless of whether they are hospitalized or not.
 - (1) When executing a court order for hospitalization, an officer shall complete a follow-up report documenting all attempts to pick up the PRT, whether the PRT is taken into custody or not. The report shall document the number of attempts and any witnesses who could provide further information on the PRT. A follow-up report shall be completed on the original incident number when subsequent attempts are made.

- (2) If an officer is unable to execute the order for hospitalization after a reasonable number of attempts during a given shift, they shall return the order to the Watch Commander.
- j. Ensure that the WMRB entry, if submitted, is removed once PRT is picked up on the order.
- k. When directed to do so by the Watch Commander, transmit officer safety information on the PRT through the following methods:
 - (1) An Area “H” administrative LEIN message to area law enforcement agencies,
 - (2) Entry into the West Michigan Radio Bulletin,
 - (3) An officer safety radio broadcast to officers, and
 - (4) A Premise Hazard entry into CAD for the individual’s address, if known, which shall remain valid for a period of (1) one year.
 - (5) Contact Network 180 Access Center when requested to do so by a police officer to confirm the existence of an active court order for hospitalization and determine/confirm the disposition of the PRT.

H. VOLUNTARY HOSPITALIZATION

- 1. Individuals seeking voluntary hospitalization for themselves, or others should be directed to the Network 180 Access Center or a medical emergency room for care. Police officers may assist in making contact through Dispatch unless more extensive involvement, i.e., protective custody, is warranted.
- 2. Persons seeking involuntary hospitalization of relatives or other parties should also be directed to Network 180 Access Center or a medical emergency room where they will be assisted in determining the need for services and preparation of court orders.