

# THE RALEIGH POLICE DEPARTMENT

**1109-12**

## INTERACTING WITH VULNERABLE POPULATIONS

### **PURPOSE**

To detail the special procedures required in providing police assistance to persons living with substance use disorders, persons who are intoxicated during interactions with police officers, and/or living with mental illness, and/or individuals living with mental illness/experiencing mental health crises.

### **VALUES REFLECTED**

This directive reflects our values of *Fairness, Service, Integrity, and Compassion*. We strive to display patience and understanding for individuals in need as we work to alleviate harm and the suffering of individuals impacted by homelessness, living with substance use disorders or experiencing intoxication, and/or living with mental illness or experiencing mental health crises.

### **UNITS AFFECTED**

All Divisions/Sworn Officers

### **REFERENCES/FORMS**

DOI 1106-20 "Addressing Crises Through Outreach, Referrals, Networking, and Service (A.C.O.R.N.S) Team Operations"  
G.S. 14-444 "Intoxicated and Disruptive in Public"  
G.S. 122C-251 "Transportation (of a Respondent)"  
G.S. 122C-262 "Emergency Procedures for Immediate Hospitalization"  
G.S. 122C-282 "Emergency Procedure for Violent Individuals"  
G.S. 122C-301 "Assistance to Person Intoxicated in Public"

May be Released to the Public

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Approved By: M. Adams-David  
City Manager

## GENERAL POLICIES

Officers should be especially cautious when interacting with and/or providing assistance to individuals impacted by homelessness, living with substance abuse disorders or experiencing intoxication, and/or individuals living with mental illness or experiencing mental health crises. As part of the Department's commitment to serving and protecting individuals in need, officers are authorized to use reasonably necessary force to prevent serious physical injury or death to persons believed to be dangerous to themselves or others.

## RECOGNITION OF PERSONS WITH MENTAL ILLNESS

RPD personnel should be aware that mental health crises and mental illness are often unable to be detected unless the individual is exhibiting visible signs of distress and may or may not have received treatment or official diagnosis. As such, personnel should remain cautious and alert when interacting or providing assistance to all members of our community.

Officers are authorized to transport persons in need of food, clothing, or shelter to a place of safety with approval of a police supervisor. If such a transport is authorized, officers will abide by the following:

- Individual should consent to a frisk of their person for weapons prior to transport. If the individual declines to be frisked, the transport should not be conducted, and officers should attempt to make other arrangements. Bags, purses and personal belongings should either be searched with consent or transported out of the reach of the individual
- Absent specific articulable facts that establish a safety hazard for the officer or the individual being transported, officers shall not handcuff or otherwise restrain individuals who are not in custody during transport
- In no event will officers transport gasoline in the passenger area of their vehicle or in a non-approved container
- When transporting any person, officers shall give their starting odometer reading, starting location and destination. The ending odometer reading must be given upon destination arrival
- Officers are not authorized to transport civilians beyond the City's one-mile extra-territorial limit. Under such circumstances, adjacent police agencies may agree to meet officers at the City limits. Otherwise, officers shall transport the party to a police facility or other place of safety until outside assistance can be obtained
- Officers shall not transport juveniles or intoxicated persons to a residence unless a responsible adult is present at that location

## Emergency Shelters

When officers encounter someone in need of emergency shelter, they should refer to the Patrol Resource Guide to locate a suitable facility.

- Officers are to transport persons in need to the facility, as opposed to providing directions to the location
- Absent specific articulable facts that establish a safety hazard for the officer or the individual being transported, officers shall not handcuff or otherwise restrain individuals who are not in custody during transport
- Such individuals should consent to a frisk of their person for weapons prior to transport. If the individual declines to be frisked, the transport should not be conducted, and officers should attempt to make other arrangements. Bags, purses, and personal belongings should either be searched with consent or transported out of the reach of the individual
- Caretakers at the shelters are responsible for making periodic rounds. If officers fail to get a response at the door, they should wait 15 minutes and make a second attempt
- Inebriated persons should not be transported to shelters without prior approval from the shelter

### INEBRIATED PERSONS

Officers are authorized to transport inebriated persons to treatment facilities or private residences within the City.

Absent specific articulable facts that establish a safety hazard for the officer or the individual being transported, officers shall not handcuff or otherwise restrain individuals who are not in custody during transport.

Such individuals should consent to a frisk of their person for weapons prior to transport. If the individual declines to be frisked, the transport should not be conducted, and officers should attempt to make other arrangements. Bags, purses, and personal belongings should either be searched with consent or transported out of the reach of the individual.

### Inebriates Needing Medical Assistance

Emergency Medical Services are to be summoned for inebriates who are unconscious and/or unresponsive. Officers may use a reasonable amount of force to transport an inebriate, who is in need of immediate medical care, to an appropriate medical facility (GS 122C-301). Transportation for medical purposes should be provided by EMS unless circumstances mandate otherwise.

### Inebriates Not Needing Medical Assistance

Officers are authorized to transport inebriates, who are unable to care for themselves, to a place of safety.

Officers may transport inebriates, who are unable to care for themselves, to their residence or the residence of another person within the City who is willing to provide care for them. Officers should verify that a responsible adult is present prior to transporting an inebriate to a residence.

Inebriates are not to be transported to homeless or group shelters without prior approval from the shelter. Inebriates who are considered homeless, unsheltered, or who are unable to care for

themselves, but who refuse transport to a shelter or treatment facility, may be taken into protective custody and transported to the Wake County Jail. Officers may use a reasonable amount of force to place them into protective custody. A special commitment form must be obtained from the Magistrate. (GS 122C-303)

### INVOLUNTARY COMMITMENT (IVC) PROCESS

To be involuntarily committed, a person must be mentally ill or inebriated to such an extent that they are a danger to themselves or others, as defined by GS 122C-262.

#### Custody Orders

Any person having knowledge of a mentally ill or inebriated person may petition a Magistrate for an involuntary commitment order. This order must be served on the person named within 24 hours or returned to the Magistrate's office.

- Although police officers may act as the complainant on involuntary commitment affidavits, a relative should be encouraged to act as the complainant whenever possible
- If the commitment affidavit is signed by someone other than a qualified physician, the subject must be taken to the UNC Wakebrook Recovery Center
- If the affidavit is signed by a licensed physician, the officer must transport the respondent directly to the treatment facility specified

#### Transporting Respondents

RPD officers will handle transportation of all involuntary commitments within the City. The officer assigned to the beat area in which the respondent's residence is located shall normally be assigned the call, regardless of the actual location or the gender identity of the respondent. Once a respondent is taken into custody, under an involuntary commitment order, an officer of the same gender identity as the respondent should transport the respondent unless a family member accompanies the respondent, or the respondent is recorded on the patrol vehicle's Digital Patroller throughout the entire transport.

It is the policy of the City to recover the costs of transporting subjects to 24-hour treatment facilities for mental commitments. GS 122C-251(h) authorizes that a transportation fee be charged to the respondent or other individual liable for their support.

RPD officers may handle transportation of voluntary commitments within the City. The officer assigned to the beat area in which the respondent's residence is located should normally be assigned the call, regardless of the actual location or the gender identity of the respondent. Officers are asked to consider the following regarding voluntary commitments:

- Voluntary commitments can be traumatic for the respondent. Officers are encouraged to explain transport procedures to the respondent, including search and restraint policies if the respondent will be transported in a police vehicle

- RPD officers should refer to DOI 1108-03 Prisoner and Restraints, or restraining injured, handicapped and special needs prisoners. This provides alternatives to standard restraint techniques if required due to special circumstances
- RPD officers shall be aware that a voluntary commitment is not custody. The respondent is free to change their mind at any point in the process of transport. If this occurs, officers should take the respondent to a safe place
- Absent specific articulable facts to establish a safety hazard for the officer or the individual being voluntarily transported, officers shall not handcuff or otherwise restrain individuals who request transport for voluntary commitment
- Individuals who request transport for voluntary commitment should consent to a frisk of their person for weapons prior to transport. Bags, purses, and personal belongings should either be searched with consent or transported out of the reach of the individual. If the individual declines to be frisked, the transport should not be conducted and officers should suggest alternate methods of transportation, including but not limited to family members, taxi cabs, or a ride-sharing service
- RPD officers shall be aware that a respondent could transition from a voluntary commitment to an emergency commitment if their language or behavior indicates they are an immediate danger to themselves or others. If this occurs, officers should follow the emergency commitment procedures outlined below
- When applicable, RPD CIT officers shall complete a UNC Wakebrook CIT form for all voluntary drop-offs. The form can be found in the Patrol Resource Guide on RPDnet

#### Completion of Commitment Procedures

In all cases, custody orders must be signed by the officer and returned to the Magistrate after commitment proceedings.

- The original copy of the examining physician's statement should be attached to the custody order and returned to the Magistrate. A copy should be left with the respondent at the treatment facility
- If the subject does not meet the criteria for commitment, the officer will transport the subject to the place where they were taken into custody or their residence (if within the City limits) and release them
- A case report with the respondent's legal name will be submitted on all involuntary mental commitments. The supplement should begin with the legal name, chosen name or alias, chosen pronouns, and complete mailing address (include zip code) of the respondent. The officer's name should follow, with the time the call was received and the time the call was completed beside the officer's name

### Emergency Custody

When an officer reasonably believes that a person who is apparently mentally ill, inebriated or temporarily deranged is acting in a manner which the officer reasonably believes is likely to result in a serious injury to the disturbed person or others, that person may be taken into custody by the officer without having to first obtain a custody order. Under such circumstances, the officer must immediately transport the subject to the UNC Wakebrook Recovery Center for evaluation.

### ESCAPEES FROM MENTAL HEALTH FACILITIES

The RPD is responsible for notifying the N.C. Center for Missing Persons of escapees or walk-offs from treatment facilities within the City.

A RPD officer will be dispatched upon notification of an escapee or walk-off from a mental health facility. The officer shall contact the Emergency Communication Center to enter the escapee into NCIC/DCI, using the appropriate caution indicators.

A missing person case report will also be submitted (refer to DOI 1109-15 "Initial Response to Missing Persons").

### TRAINING

RPD will provide training to sworn officers and other employees who, during the course of performing their duties, may have to assist or deal with persons living with mental illness, experiencing mental health crises, impacted by homelessness, and/or living with substance use disorders. This training will be provided at the entry level during Basic Law Enforcement Training, with documented refresher training provided annually.

#### Crisis Intervention Team (CIT) Training

Crisis Intervention Team (CIT) training is completed by newly hired officers prior to the completion of field training. In addition, RPD offers its employees the opportunity to participate in the Crisis Intervention Team (CIT) training on a voluntary basis. Employees who are interested in participating in this program should submit a memo of interest to their immediate supervisor. Once approved, the employee is required to complete a 40-hour course which will provide additional training on dealing with individuals living with mental illness, experiencing mental health crises, impacted by homelessness, or living with substance abuse disorders.