


DPS STANDARD OPERATING PROCEDURE			
	SUBJECT: MENTAL HEALTH, SUICIDE, PERSON IN CRISIS INCIDENTS	SECTION(S): ALL	DISTRIBUTION: ALL PERSONNEL
	DPS SOP 2010-35		
ISSUING AUTHORITY: ROBERT MALDONADO, CHIEF OF CAMPUS SAFETY AND EMERGENCY MANAGEMENT SERVICES (ELECTRONICALLY SIGNED)		EFFECTIVE DATE: October 22, 2010 Revised Date: October 28, 2021	SUPERSEDES: Reviewed/Revised re IACLEA

MENTAL HEALTH, SUICIDE, PERSON IN CRISIS INCIDENTS

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REFERENCES:

- SOP 2009-05 Arrest, Detention, and Transportation of Prisoners
- SOP 2010-18 Missing Persons
- SOP 2011-02 Use of Force
- SOP 2011-47 Active Shooter, Assault with a Firearm
- SOP 2011-49 Barricaded Subject - Hostage Situation
- SOP 2011-53 Notification of DPS & Other University Departments
- SOP 2012-04 Crisis Notification System, Orange Alert
- SOP 2016-08 Personnel Early Warning & Intervention System
- The Role of Law Enforcement Officers in Preventing Suicides (Forms Folder on G/Drive)

ATTACHMENTS: None

I. APPLICABILITY: This procedure is applicable to all members of the Department of Public Safety.

II. PURPOSE: To establish a Standard Operating Procedure (SOP) for investigating Person in Crisis (PIC) subjects with suicidal inclinations, attempted suicide and overdose complaints. This SOP is primarily directed towards dealing with students who come to our attention with mental health issues or possible suicidal ideation. It provides guidelines for the recognition and appropriate handling of individuals exhibiting self-destructive behavior and/or mental illness. When the person who is the object of this response is a faculty member or staff employee of the University, their employee benefits, including the current employee assistance service provider comes into play after the immediate emergency handling of the event has been accomplished.

The need to assess the mental state and intentions of individuals is a routine requirement of law enforcement officers. Dealing with individuals in enforcement situations who are known or suspected to be mentally or emotionally ill carries the potential for violence, and requires officers to make difficult judgments regarding the mental state of some subjects they encounter.

III. POLICY: It is the policy of the Department of Public Safety to approach persons with mental health issues by placing the safety of all involved parties first and foremost. DPS officers will act with care and concern for the victim and will intervene, de-escalate and stabilize the situation in a calm dispassionate and professional manner, while not jeopardizing safety. Officers and supervisors will investigate to obtain all of the facts and circumstances, will assist the victim with obtaining necessary emergency, health or mental health services and will do so in a cooperative manner with other agencies and University departments. When the Person in Crisis is a SU faculty member or staff employee, the investigating officer is to follow the applicable emergency response protocols in this SOP and to also notify a patrol supervisor who will initiate notification of the employee's supervisor and the Syracuse University Human Resources Customer Service Center for access to their employee benefits.

IV. DEFINITIONS:

- A. Mental Illness: Any of various conditions characterized by impairment of an individual's normal cognitive, emotional or behavioral functioning and caused by social, psychological, biochemical, genetic or other factors.
- B. Voluntary Admission: A voluntary action or request by a suspected or actual mentally ill person, wherein they believe they are in need of mental health treatment and desire voluntary placement or commitment into a mental health facility.

- C. Involuntary Admission: The need for a person with mental illness, or suspected mental illness, to receive professional evaluation and/or treatment. This is based on the fact that their illness causes you reason to believe that they are likely to inflict serious physical injury upon themselves or a third person or because of their illness, is unable to provide for their basic physical needs so as to guard themselves against serious physical harm without assistance and/or intervention. (See 9.41 MHL below) (04/29/16)
- D. NYS Mental Hygiene Law Section 9.41: Any peace officer, when acting pursuant to [his/her] special duties... may take into custody any person who appears to be mentally ill and is conducting [him/herself] in a manner which is likely to result in serious harm to him/herself or others. Such officer may direct the removal of such person or remove him/her to any hospital pending admission into said hospital, or detain any such person in a safe and comfortable place.
- E. Serious Harm: Defined by the NYS Mental Health Law as:
 - 1. Substantial risk of physical harm to him/herself as manifested by threats or attempts at suicide or serious bodily harm or other conduct demonstrating that he/she is dangerous to him/herself.
 - 2. A substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.

V. PROCEDURES: (9.2.6 a) (41.2.7.a)

- A. **Weapons Involved with Mental Health Threats:** If persons with mental health issues have access to weapons, it becomes a much more difficult and dangerous situation to handle. Persons, who may be exhibiting suicidal or threatening behavior, are often in a mental state that makes them a threat to others. For this reason, we have separate procedures relating to dealing with possible suicides with or without weapons in the following pages. The first of those response protocols, in Part E of this SOP are to deal with possible weapons involvement in these matters.
- B. **Recognizing Abnormal Behavior:**
 - 1. Mental illness is often difficult to define in any particular individual. As a result, officers are not expected to make judgments of mental or emotional disturbance but should instead; recognize behavior that is potentially destructive and/or dangerous to self or others.

These guidelines are offered as generalized signs or symptoms of behavior that might be suggestive of mental illness. These signs could be attributed to a negative reaction to narcotics or alcohol, or might also be a temporary reaction to a situational event or stressor that might be quickly remedied.
- C. **Evaluating Abnormal Behavior:**

Officers should examine the following list of symptomatic behavior in a contextual manner to assist with making a decision regarding a person's mental health/emotional stability before making a decision to affect an intervention absent an apparent crime.

 - 1. Appropriateness of Reaction - mentally/ emotionally ill persons may show signs of strong fear of persons, places and/or objects. A subject's fear of people or crowds, for example, may make them either reclusive or aggressive absent any provocation or rationale.

2. Appropriateness of Behavior - an individual who acts grossly inappropriate in a given situation might be suffering from mental/emotional illness.
3. Extreme Rigidity or Inflexibility - Emotionally/ mentally ill individuals are often easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate, aggressive behavior.
4. Other Indicators: In addition to the above, a subject with mental illness may also exhibit one or more of the following characteristics:
 - a. Abnormal Memory Loss: Abnormal memory loss related to such common facts as name, home address, wandering at night, leaving things on stove unattended, not eating or sleeping, or caring for personal needs, uncontrolled anxiety, or confusion.
 - b. Delusional: The belief in thoughts about oneself that have no basis in reality or are delusional, such as being a famous person, that he/she is God, or that everyone is out to get them, is speaking about them, stealing from them, etc..
 - c. Hallucinations: Hallucinations of any of the five senses (e.g. seeing people who are not there, hears voices telling them to hurt themselves or others, smelling strange odors, etc.).
 - d. Obviously False Personal Health Beliefs: The belief that one suffers from extraordinary physical maladies that are not actually physiologically possible.
 - e. Suicidal Tendencies: The subject may have suicidal tendencies.
 - f. Severe Depression: The subject may have low self-esteem, feelings of hopelessness, or no reaction and feeling or no interest at all.
 - g. Abnormal Drug Use: There may be evidence of abuse of prescribed medications, or the subject has not taken his/her medications, has abused alcohol or illegal substances while taking medications.

D. Determining the Threat Level:

Not all mentally/emotionally ill subjects pose a danger. Officers may use several indicators to determine the likelihood of an apparently mental/emotionally ill person representing a threat to themselves, the officers or a third person. Below are some examples and this list should not be considered all inclusive:

1. Availability of a weapon
2. Statements and /or threats made by the subject
3. Personal history of violence or assaultive behavior
4. Self-control Issues: Self-control may be a positive sign and conversely, the absence of self-control on the part of the individual may be a precursor to aggression. Lack of control may include:
 - a. Attempts at self-mutilation
 - b. Obvious and overt signs of fear, rage, anxiety and agitation
 - c. Unnatural calmness given the contextual setting

- d. Inability or unwillingness to sit still
- e. A stated and emphatic desire to be left alone
- f. Rambling and often senseless dialog
- g. Frantic assurances that everything is all right
- h. Destruction of property

E. Suicides/Attempted Suicides with Suspected / Alleged Weapon Involved: (9.2.6 a) (41.2.7.a)

1. Duties and Responsibilities of the Communications Officer: Upon receiving a suicide or attempted suicide complaint, the Communications Officer will:
 - a. Attempt to ascertain the circumstances surrounding the complaint and in particular, whether a weapon or firearm is involved.
 - b. In the event the suicidal subject calls directly, the Communication Officer will attempt to calm the person, avoid topics that might agitate the subject and obtain all pertinent information while attempting to keep the subject on the phone pending the arrival of officers.
 - c. If a weapon is alleged to be involved, the Communications Officer will notify the responding DPS officer, a DPS supervisor, and will immediately notify the Syracuse Police Department (SPD).
 - i. If the weapon is a firearm, the DPS supervisor will coordinate with SPD. The DPS officers will await the arrival of the SPD officer(s) before proceeding directly to the scene, unless a third party is in immediate danger (i.e. potential active shooter situation).
 - ii. If it is determined that the weapon is not a firearm, the DPS supervisor may decide to respond directly to the scene prior to the arrival of the SPD officer(s) to attempt to evaluate and/or stabilize the situation.
 - d. Notify SUA and/or 911 to dispatch an Ambulance. Coordinate any necessary staging efforts.
 - e. Notify the Environmental Health and Safety Services Office (EHSSO).
 - f. During the conversation with the victim/ complainant, the Communications Officer will speak calmly to the victim/complainant and will provide reassurance to that person that help is available to assist them with whatever problem(s) they may have.
2. Duties and Responsibilities of Assigned Patrol Officer(s): Upon receiving a suicide or attempted suicide complaint with a suspected or alleged weapon, assigned Officer(s) will:
 - a. Proceed with caution.
 - b. Gather facts needed to assist the responding supervisor to make a determination, or if confronted with a circumstance requiring immediate action/intervention, make a determination based on whether or not the individual is exhibiting signs that they may be an immediate danger to themselves or others.

- c. If after assessment, the individual appears to pose an immediate threat, the assigned Officer will seek supervisory assistance if possible, to evaluate the prospects of making a safe and immediate intervention to stabilize the situation, or if necessary, and/or expedient, to execute an intervention on their own authority.
 - i. The intervention may use whatever level of force that is reasonable, necessary and reasonably proportional, (with the exception of deadly physical force unless responding to deadly force against the officer or a third party), to stop, restrain and disarm the individual, including using less than lethal weapons, handcuffs or other lawful means available.
 - d. After the subject is under the control of the responding officers, administer first aid, if necessary.
 - i. If the subject has an injury that warrants immediate attention (i.e. is unconscious, has overdosed on some medication, or has slashed wrists, etc.) the subject will be transported to an area hospital emergency room.
 - e. If DPS Patrol arrives on the scene prior to the arrival of SPD, the scene will be secured and the determination of which agency will conduct the investigation will be made by the SPD based on their assessment of the facts of the matter and seriousness of the situation.
 - f. In the event that there are no aggravating circumstances, and no firearm involved, the investigation may be turned over to the DPS by the SPD after their arrival.
 - g. The DPS officer will document all of the facts and circumstances of the investigation in an Investigative report and shall also complete a Use of Force report if force was used to resolve the incident. Refer to SOP 2011-02 Use of Force for more information.
 - h. In the event that there is some manner of weapon used or displayed by the subject, that does not include a firearm, and there are no injuries, nor an overt threat against another, including a charge of menacing, or other criminal charge, the DPS may be empowered to handle the investigation.
 - i. In the event that law enforcement action is required to safeguard the subject and/or officers, and it is not possible to contact the Counseling Center prior to acting, that fact will be documented in the investigation report and the Counseling Center will be notified as soon after the event as is practical.
3. Duties and Responsibilities of the Patrol Sergeant/Supervisor: Upon receiving a suicide or attempted suicide complaint with a suspected or alleged weapon the Patrol Sergeant/Supervisor will:
- a. Proceed immediately to the scene to assist the assigned patrol(s) in making a determination, if possible, whether the individual is exhibiting signs that they may be an immediate danger to themselves or others.
 - b. In the event it is determined that the individual appears to pose an immediate threat, the Patrol Sergeant/Supervisor will make a judgment as to the feasibility of a safe and immediate intervention to stabilize the

situation and the health and safety of the subject, others nearby and the responding officials.

- i. The intervention plan may use whatever level of force that is reasonable, necessary and reasonably proportional, (with the exception of deadly physical force unless responding to deadly force against the officer or a third party), to stop, restrain and disarm the individual, including using less than lethal weapons, handcuffs or other lawful means available.
 - c. After the subject is under the control of responding officers, administer first aid, if necessary.
 - i. If the subject has an injury that warrants immediate attention (i.e. is unconscious, has overdosed on some medication, or has slashed wrists, etc.) the subject will be transported to an area hospital emergency room.
 - d. If DPS Patrol arrives on the scene prior to the arrival of SPD, the scene will be secured and the determination of who will conduct the investigation will be made by the SPD based on their assessment of the facts of the matter and seriousness of the situation.
 - e. In the event that there are no aggravating circumstances, and no firearm involved, the investigation may be turned over to the DPS by the SPD after their arrival.
 - f. The Patrol Sergeant/Supervisor will coordinate with the SPD and EHSSO to ensure that photographs of the scene are taken.
 - g. The Patrol Sergeant/Supervisor will ensure that the DPS Duty Officer is notified and will assist the Duty Officer with other notifications as directed.
4. Duties and Responsibilities of the Duty Officer: Upon being notified of a suicide or attempted suicide complaint, the Duty Officer will:
- a. Gather information to allow them to access the situation. That includes the appropriateness of the response underway and which agency will handle the investigation.
 - b. Make notifications of other department personnel, command personnel and University officials as set forth in SOP 2011-53 Emergency and Incident Notification of other University Departments
 - c. Consider if there is a need to implement the Campus Crisis Notification System – Orange Alert as set forth in SOP 2012-04 Campus Crisis Notification System – Orange Alert, if there is a weapon or some other aggravating factor involved.
 - d. If appropriate, respond to the scene to become Incident Commander until relieved and then as the DPS scene commander and liaison to other agencies.

F. Procedures: Suicides / Attempted Suicides: Without a Weapon: (9.2.6 a) (41.2.7.a)

1. Duties and Responsibilities of Communications Officers: Upon receiving a suicide or attempted suicide complaint *not* involving a weapon, the Communications Officer will:
 - a. Attempt to determine by what means the person has or is about to commit suicide and while attempting to keep the victim / complainant on the line, will immediately dispatch a DPS Patrol Sergeant/Supervisor and DPS officer to the scene and shall relay all available information to the responding officers. **(9.2.6 b) (41.2.7.b)**
 - i. Notify the Syracuse Police Department
 - ii. Notify SUA and/or request a commercial ambulance from 911.
 - iii. Notify the Environmental Health and Safety Services Office (EHSSO)
2. Duties and Responsibilities of Responding Officer(s) / Supervisors: (No Weapon)

Upon receiving the complaint of a Person in Crisis (PIC), suicide or attempted suicide complaint not involving a weapon, the involved Officers / Supervisors will:

 - a. If arriving on scene prior to the SPD, attempt to stabilize the situation and attempt to prevent the victim from harming himself/herself or others.
 - b. Speak calmly to the victim providing reassurance to the victim that help is available to assist them.
 - c. If the individual is exhibiting signs that he or she may be an immediate danger to himself/herself or others, the officer may use whatever level of force is reasonable, necessary and reasonably proportional to restrain the individual, to include the department's less-than-lethal-weapons, handcuffs or other lawful means. (with the exception of deadly physical force unless responding to deadly force against the officer or a third party)
 - d. After the subject is under the control of the responding officers, administer first aid, if necessary. If the subject has an injury that warrants immediate attention (i.e. is unconscious, has overdosed on some medication, or has slashed wrists, etc.) the subject will be transported to an area hospital emergency room.
 - e. If arriving on scene prior to the arrival of SPD, secure said scene and turn the investigation over to the SPD upon their arrival and while awaiting a decision as to which agency will handle the investigation, assist at the scene.
 - f. The DPS Patrol Sergeant/ supervisor on the scene will coordinate with the SPD and EHSSO to ensure that photographs of the scene are taken.
 - g. The DPS Patrol Sergeant/supervisor on the scene will ensure that the Duty Officer is notified. The Duty Officer and DPS Patrol Sergeant/supervisor will make a determination as to what other notifications are required.
 - h. The DPS officer will document all of the facts and circumstances of the investigation in an investigation report and shall also complete a Use of Force report if force was used.

- i. In the event that law enforcement action is required to safeguard the subject and/or officers, and it is not possible to contact the Counseling Center prior to acting, that fact will be documented in the investigation report. **(9.2.6 b) (41.2.7.b)**
- j. The Counseling Center will be notified as soon as is practical and in all other cases the Counseling Center will be notified prior to transporting the subject to an area hospital or to the Comprehensive Psychiatric Emergency Program (CPEP) located at 301 Prospect Avenue, Syracuse NY. (next to Emergency Department entrance on N. Townsend Street.)

G. Procedures for Drug Overdose Incidents: (9.2.6 b) (41.2.7.b)

1. Duties and Responsibilities of Communication Officers: Upon receiving a complaint of a suspected drug overdose, the Communications Officer will:
 - a. Attempt to determine what substance the person has overdosed on.
 - b. Immediately dispatch a DPS officer and supervisor to the scene and relay all available information to the responding officers.
 - c. Notify SUA and/or request a commercial ambulance from 911.
 - d. Notify EHSSO.

2. Duties and Responsibilities of Responding Officers/Supervisors: (Drug Overdose)
 Upon receiving a complaint of a suspected drug overdose, the involved Officers/Supervisors will:
 - a. Attempt to stabilize the situation and will attempt to prevent the victim from harming himself/herself or others.
 - b. Speak calmly to the victim. Provide reassurance to the victim that help is available to assist them with whatever problem(s) they may have.
 - c. If the individual is exhibiting signs that he or she may be an immediate danger to himself/herself or others, the officer may use whatever level of force, short of deadly physical force, that is reasonable, necessary and reasonably proportional to restrain the individual, including less than lethal weapons and handcuffs.
 - d. Administer any necessary first aid and ensure that medical assistance is in route.
 - e. The DPS officer should attempt to determine what was taken and the probable amount as that information will assist medical personnel with treating the victim (recover pills, prescription bottles, etc. when available).
 - f. If it is determined that the victim is in critical condition or death occurs, the DPS Patrol Sergeant/Supervisor will ensure that the SPD is notified. The scene will be secured and the investigation will be turned over to the SPD upon their arrival.
 - g. The DPS Patrol Sergeant/supervisor will ensure that the Duty Officer is notified relative to serious overdoses. The Duty Officer and DPS supervisor will determine what other notifications are required.

- h. The DPS officer will document all of the facts and circumstances of the investigation in an investigation report; and will cooperate fully in any joint investigation and will complete a Use of Force report if required.
- i. In the event that law enforcement action is required to safeguard the subject and/or officers, and it is not possible to contact the Counseling Center prior to acting, that fact will be documented in the investigation report.
- j. The Counseling Center will be notified as soon as is practical and in all other cases the Counseling Center will be notified prior to transporting the subject to an area hospital or to the Comprehensive Psychiatric Emergency Program (CPEP) located at 301 Prospect Avenue, Syracuse NY. (next to Emergency Department entrance on N. Townsend Street.) **(9.2.6 b) (41.2.7.b)**

H. Guidelines for Handling Persons with Mental Health Issues:

1. Duties and Responsibilities of Communications Officers: Upon receiving a complaint of a mentally ill / Person in Crisis (PIC), the Communications Officer will:
 - a. Determine from the caller:
 - i. The location of the subject
 - ii. What actions the person is displaying
 - iii. If the individual is armed with a weapon or dangerous instrument
 - b. Upon receiving a complaint of an Person in Crisis the Communications Officer will:
 - i. Dispatch two officers to the scene, and
 - ii. Advise the Patrol Sergeant/Supervisor of the call.

2. Duties and Responsibilities of Responding Officers/Supervisors: Upon receiving a complaint of a Person in Crisis (PIC) the involved Officers/Supervisors will:
 - a. Determine the Threat Level:
 - i. If it is determined that a firearm or dangerous weapon is involved or there is the threatened use of a dangerous instrument, the SPD will be notified and if possible, ensure that no third person(s) is endangered.
 - ii. Depending on the attendant circumstances — whether the subject is armed and what actions they are taking, DPS officers may have to take immediate action, as in the case of an active shooter.

Reference is made to SOP 2011-49 Barricaded Subject – Hostage Situation and SOP 2011-47 Active Shooter, Assault with a Firearm or Deadly Weapon.

In that instance, DPS officers will/may be required to perform a tactical maneuver that they have been trained to execute and move to the immediate area to contain the subject and nullify any chance of injury to other persons.

- iii. Other circumstances may necessitate a more indirect or cautious course of action as would be the case in a hostage situation or in any instance where the subject with suicidal inclinations is alone and not posing a danger to any third person.
 - iv. Weapons: Whenever possible, and where time permits, the DPS will coordinate a response to an armed subject with the appropriate outside law enforcement agency.
- b. Officers dealing with a person with mental health issues on the street or during interviews and interrogations will: **(41.2.7 c)**
- i. Maintain as much distance as possible and avoid touching the subject unnecessarily.
 - ii. Speak calmly to the subject, do not overreact or act frustrated. Provide reassurance to the person that help is available and that you are there to assist them with whatever problem(s) they may have.
 - iii. Remove unnecessary distractions to include bystanders and unnecessary officers.
 - iv. Communicate with the individual in an attempt to determine what is troubling them and share your concerns about their feelings, allowing them the opportunity to engage in 'therapeutic' type talk while indicating a willingness to understand and help.
 - v. Avoid becoming excited or acting in anger and/or threatening the individual with arrest or force as this may exacerbate their anxiety and concern.
 - vi. Attempt to be honest and forthright with the subject as obvious deceptions may cause distrust and a worsening of the situation. Do not agree/disagree with any apparent delusions.
 - vii. If an individual is exhibiting signs that he or she may be in immediate danger to himself/herself or others, the officer may use that level of force that is reasonably proportional as well as reasonable, necessary, lawful and not reckless as specified in NYS CPL Article 35.00 to restrain the individual, to include handcuffs, to prevent the individual from harming himself/herself or others.
 - viii. Any force used will always be "Reasonable Force" and reasonably proportional and applied judiciously to accomplish lawful objectives and will be in accordance with existing laws. The officer(s) will document the force in accordance with the departments' policies and procedures and the guidelines established in SOP 2011-02 Use of Force.
 - ix. If a subject is believed responsible for a criminal offense and is believed to be mentally ill or has a mental disability. The person must be given their Miranda warnings and whenever practical, it is recommended to consult the District Attorney's Office.

When this occurs after normal business hours this can be accomplished by contacting the District Attorney's Office. If not

possible or practical, officers should always take a statement from a subject regardless of whether the officer suspects that the person is incapable of making a rational and lawful statement (the inclusion/exclusion of the statement will be established in subsequent hearings).

- x. If the victim is believed to be a danger or to be injurious to himself/herself, or to others, the officer may take the subject into custody pursuant to Section 9.41 of the Mental Health Law. Then they may transport the person against their will, if necessary, to the **Comprehensive Psychiatric Emergency Program (CPEP)**, located at St. Joseph's Hospital, 301 Prospect Avenue, Syracuse NY. (next to Emergency Department entrance on N. Townsend Street.)
- xi. Officers will complete associated and required paperwork. **(9.2.6 b) (41.2.7 b)**
- xii. If a subject has suicidal inclinations or may pose a danger to others and is cooperative and voluntarily requests or is agreeable to be transported to the CPEP or to the Syracuse University Health Center for evaluation and treatment, the DPS Officer will transport the individual.
- xiii. The DPS Officer will document all of the facts and circumstances of the investigation in a CNYLEADS report and shall also complete a Use of Force report if force was used to control the subject.
- xiv. In cases of Person in Crisis whose actions are not likely to cause harm to themselves, thereby precluding the use of NYS Mental Health Law 9.41, the subject will **not** be taken into custody, and instead, when the subject is a university community member, the officer will contact the University Counseling Center and facilitate an evaluation.
- xv. In those cases where there is an emotionally ill person, an overdose, or a suicide or threatened suicide within a Residence Hall, or on South Campus, the officer will, whenever practical, call the On-Call Residence Life Staff person and the Counseling Center prior to transport. The only exception to this rule will be due to the fact that a delay would be medically impractical, or because of increased safety concerns attributed to increased anxiety caused by waiting.

I. Request to Transport a Mentally Ill Subject: (9.2.6 b) (41.2.7.b)

- 1. If the DPS is contacted by the Syracuse University Health Center or the Counseling Center to transport a Person in Crisis (PIC) the following procedures will be adhered to:
 - a. If the subject is cooperative and either volunteers or agrees to be transported to the CPEP for further evaluation and treatment, the DPS officer will transport the individual and a report will not be required.

- b. If the subject is uncooperative and refuses to be transported to CPEP, the DPS officer may take the subject into custody pursuant to section 9.41 of the New York State Mental Health Law. They must verify the threat posed and then document the behaviors that led to the arrest. A statement from the Health Center or counseling Center staff may be necessary for 9.41 arrest justification.
- c. When transporting subjects to CPEP, DPS officers will be mindful of the need to follow all directives relative to taking subjects into custody outlined in SOP 2009-05 entitled Arrest, Detention & Transportation of Prisoners, particularly section(s) H, I and K specifically detailing with searching, handcuffing and transporting subjects.
 - i. Subjects will be searched thoroughly.
 - ii. Vehicle will be searched prior to and after the transport.
 - iii. Subjects will be handcuffed.
 - iv. Two (2) officers will conduct the transport.
 - v. Officers will adhere to officer safety considerations at CPEP or the area hospital the subject is brought to.
 - vi. Pursuant to CPEP policy, subjects who are thought to be under the influence of alcohol, a drug, or who are otherwise obviously impaired should be transported to an area hospital emergency room for medical clearance prior to transporting them to CPEP.
 - vii. An investigative report is mandated for all instances where a DPS member takes a subject into custody under Section 9.41 of the NYS Mental Health Law.

J. Referrals to the Office of Community Standards:

- 1. In most instances students who exhibit some form of mental illness or provide a suicidal ideology will not be referred to the Office of Community Standards for minor Code of Student Conduct violations, and
- 2. DPS recognized that it is important not to place punitive sanctions on university members in crisis in order to ensure that these subjects obtain appropriate evaluation and treatment and are not hesitant about reaching out for help. Minor infractions of Student Code of Conduct respective to mental illness or suicidal threats might include:
 - a. Alcohol use;
 - b. Minor criminal mischief;
 - c. Injury or self-mutilation.
- 3. Naturally, the University cannot accept or tolerate serious infractions of the Code of Student Conduct and students who commit those type infractions or who commit crimes may be referred to the Office of Community Standards; and those referrals will be predicated on decisions made by DPS command officers and University officials in Student Experience. Those infractions would include, but not be limited to:

- a. Assault;
- b. Criminal Possession of a weapon;
- c. Serious threats against order and threats against others.

K. Mental Health Assessments:

- 1. In the event that Student Experience, the University Health Center or the Counseling Center requests a DPS presence subject to an enforced medical withdrawal meeting, assessment or consultation, the DPS will only participate in the meeting, assessment or consultation in an approved setting on campus.

L. Training: (9.2.6 c)

- 1. It will be the policy of the DPS to ensure that DPS personnel are trained and equipped to properly handle incidents involving subjects with mental health issues and /or suffering from anxiety or depression as follows:
 - a. **All new hired personnel** will receive documented training and information on handling incidents involving subjects suffering from mental health issues, and/or suffering from anxiety or depression and at a minimum will: **(41.2.7 d) (10/28/21)**
 - i. Be provided a copy of this SOP, with attachment, the contents and intent of which will be discussed during the Field Training Program.
 - ii. Be made familiar with the University's Counseling Center, its functions, policies, procedures and the policies relative to the availability of on-call counselors.
 - iii. Recruit officers will be transported to CPEP and made familiar with CPEP's policies, any requisite paperwork, the differences between involuntary/voluntary transports, and the authority under the Mental Health Law which enable law enforcement officers to make involuntary committals.
 - b. Annual Refresher Training: DPS employees to be trained include: Communications Officers and Coordinators, all officers (PSOs, CSOs & **RCSOs** – all levels) and all supervisors, command staff and administrative staff assigned to the reception desk will receive annual re-training in reference to dealing with persons with mental health issues. **(41.2.7 e)**

POLICY REVISION HISTORY

NO	SECTION REVISED	DATE ISSUED
1	Added V-I Referrals to Off. of Student Rights & Responsibilities Pg. 11	11/02/2011
2	Reviewed/Revised re Format/Titles ,attachment added	06/07/13
3	Reviewed / Revised re CALEA. Cite 41.27 b, c	09/26/14
4	Reviewed/ Revision for Accreditation Purposes	01/13/15
5	Reviewed/ Revision for IACLEA Accreditation	04/08/16
6	Reviewed/Revised for IACLEA/CALEA 6 th Add Faculty & Staff info	03/09/18
7	Revised Use of Force requirements, Changed EDP to PIC	03/25/21
8	Revised Training Requirements per CALEA, Title Change	10/28/21