


Department of Public Safety
Police Division
Operations Policies and Procedures

<u>Title</u> Mental Health Response	<u>SOP Number</u> 9.2.600
Approval Signature 	
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Mental Health Response

I. Purpose

To establish a uniform guideline for the handling of persons engaged in behavior or exhibiting signs indicative of mental illness, as defined below.

II. Definitions

The **Ohio Revised Code (Section 5122.01A)** defines mental illness as "a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life."

Emergency Mental Health Hold Order: A statutory authority under ORC 5122.10 to take a person (respondent) into custody for the purpose of emergency mental health examination.

Substantial Risk: A strong possibility, as contrasted with remote possibility, that a certain result may occur or that the risk is so great that it was almost certain to materialize if nothing was done.

III. Policy

When a person engages in behavior indicative of a mental illness and appears to require assistance, or their behavior indicates they may represent a risk of harm to themselves or others, the University of Cincinnati Police Division will respond to that person with care and expertise, ensuring that such persons receive appropriate care based on their needs.

At minimum, two officers will be dispatched and/or respond to all mental health response calls.

A supervisor will respond on all calls for service involving violent or potentially violent persons with mental health issues. Sufficient personnel will be summoned to the scene if it appears the person will be resistant to being taken into custody.

The primary objective is to de-escalate the situation so it is resolved without the need for force. Officers shall use de-escalation techniques and other alternatives consistent with UCPD training whenever possible and appropriate before resorting to force to resolve the situation. Whenever possible and when such delay will not compromise safety, the person will be provided the opportunity and time necessary to submit to verbal commands before force is used.

Any person in the care of UCPD in need of emergency mental health services that is also in need of medical care will be transported for medical care first, at University

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Hospital's Center for Emergency Care or another appropriate emergency medical care facility.

Any suspected mentally ill person with an emergency mental health hold order on file that is reported as missing that is located by UCPD will be returned to the facility that reported them missing. If we are unable to return the person due to their violent behavior, or the facility from which they are missing is from outside Hamilton County, then the person will be transported to Psychiatric Emergency Services at University Hospital.

IV. Procedure

A. Emergency Hospitalization without Medical Certificate Issued by a Qualified Physician, Ohio Revised Code (ORC) Section 5122.10

1. A police officer may take an individual (the respondent) into custody and transport the respondent to a hospital if the respondent is suspected to be mentally ill and represents a substantial risk of harm to himself/herself or others if permitted to remain at liberty. The decision to take the respondent into custody for an emergency mental health hold shall be based on an overall assessment of the respondent based on the factors outlined in this procedure.
2. If a respondent is taken into custody and transported for emergency mental health examination, the officer must complete a written statement on an [Application For Emergency Admission](#) form that will be left with the hospital providing emergency mental health services, stating the circumstances under which the respondent was taken into custody and the reason for the officer's belief that the respondent represents a substantial risk of harm to himself/herself or others if permitted to remain at liberty.

The [Application for Emergency Admission](#) form can be obtained at the Mental Health facility.

3. Per ORC Section 5122.10, any Police Officer taking the respondent (person in need of emergency mental health examination) into custody pursuant to this section shall:
 - a. Explain to the respondent the Officer's name, professional designation, and agency affiliation so the respondent understands that a police officer is taking them into custody.
 - b. Explain that the custody taking is not a criminal arrest.
 - c. Explain that the respondent is being taken for examination by mental health professionals at a mental health facility specified by name.

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4. The investigation of a person in need of emergency mental health services may include any first hand observation by the officer, or information obtained from a credible source, such as a family member or other person with personal knowledge of the respondent, trained medical staff, etc. General signs and symptoms that a person may suffer from mental illness include:
 - Appearance – poor grooming; unwashed hair or clothing; looking tired, sad or upset; agitated expression or movements
 - Behavior – talking excessively or too loudly; difficult to understand; uncommunicative; overly emotional; social or family withdrawal
 - Rapid Mood Changes – argumentative, irritable, aggressive, violent, anxious
 - Substance Abuse
 - History of mental health issues
 - Unusual Personal Lifestyle Changes – eating and/or sleeping habits changed; rapid weight change; excessively tired
 - Academic Indicators – Deterioration in academic work; missed assignments or exams; repeated absence from class; continual seeking of special consideration; avoidance of communication with professors

5. General signs that a person may represents a substantial risk of harm to himself/herself or others include:
 - Multiple indicators of unattended mental illness (from list above)
 - Verbal threats or conversation about killing oneself
 - Apparent belief that violence is an appropriate way to manage problems
 - Conversation about methods of suicide or ways to procure a means of suicide (i.e. weapons, medicines, etc.)
 - Writing about death, dying, or suicide beyond ordinary artistic expression
 - Recent preparations for death, such as will creation, giving away one's possessions, etc.
 - Recent unsuccessful suicide attempt(s)

6. According to the University of Cincinnati's Counseling and Psychological Emergency Services unit, peak periods of stress for students tend to occur each year during the periods of October through November as well as February through April.
 - Early semester time periods (August, January) as well as standard break periods (summer and holidays) tend to be lower stress periods for students.
 - UCPD's Field Operations Bureau will be mindful of these time periods to ensure appropriate staffing

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B. Transportation

1. A person being transported for emergency mental health examination will be transported in a police vehicle. If the person exhibits violent or unpredictable behavior making it unsafe to transport them in a UCPD police vehicle, the officer shall request the assistance of an available Cincinnati Police Department scout car, where the person may be secured for safe transport. The UCPD officer responsible for the person shall ride in the Cincinnati Police Department scout car or follow immediately behind to the hospital.
2. If the person in need of emergency mental health examination is also in need of medical care, the appropriate Emergency Medical Service (EMS) will be contacted to provide care and to transport the person for care at University Hospital or another appropriate emergency medical care facility. The UCPD officer responsible for the person shall follow immediately behind the medical transport vehicle to the hospital or medical care facility.
3. Two officers will transport persons in need of emergency mental health examination if the person threatens or demonstrates violent behavior. The officer that has personal knowledge of the person's behavior should accompany the person to the hospital in order to complete the proper forms.
4. Persons being taken into custody pursuant to ORC 5122.10 shall be afforded every reasonable and appropriate consideration to be taken into custody in the least conspicuous manner possible. This includes the person being taken into custody out of the view of the public, if possible.
 - University of Cincinnati's Counseling and Psychiatric Emergency Services staff will provide a private room within their facility for the purpose of taking a student into custody for transportation to an emergency mental health facility.
5. Handcuff individuals being transported for emergency mental health examination when their behavior is unpredictable or past contact indicates a potential for violence or flight. Sudden, unexpected flight is always a risk when taking persons into custody. Explain the use of the handcuffs to the individual (and their family if necessary) in a tactful manner that informs them that this is not a criminal arrest.

C. Mental Health Facilities

1. In Hamilton County, only two local hospitals will admit individuals for emergency

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mental health examination/treatment on a 24 hours a day/7 days a week basis:

- a. Transport adults age 18 and over to University Hospital; Psychiatric Emergency Services, located at 231 Bethesda Avenue.
- b. Transport children 17 years of age and younger to Children's Hospital Medical Center, located at 3333 Burnet Avenue. Enter via the Ambulance entrance.
- c. A respondent may be transported to another local mental health facility if prior arrangements have been made and the facility is willing to accept the respondent.
- d. If the incident occurs at a UC Clermont County facility, transport adults 18 and over to Mercy Health – Clermont Hospital Emergency Room, located at 3000 Hospital Drive.
- e. If the incident occurs at a UC Clermont County facility and the subject is a child 17 years of age and younger, transport to Children's Hospital Medical Center, located at 3333 Burnet Avenue. Enter via the Ambulance entrance.
- f. Upon arrival at the appropriate emergency mental health care facility with a respondent that was taken into custody for an emergency hospitalization pursuant to ORC 5122.10, the officer will complete the Application for Emergency Admission form. In the Statement of Belief section, the officer will note:
 - The circumstances under which the respondent came into custody.
 - The reasons for the officer's belief that hospitalization is necessary.
 - Any other pertinent information known about the respondent.

D. Documentation and Follow-Up Actions

1. All calls for service with a suspected mentally ill individual will be documented.
 - If the responding officer determines after the fact that a mental health related call for service (CFS) was initially incorrectly categorized, the officer must request the dispatcher change the initial CAD run type to the appropriate mental health run type. Appropriate run types for mental health related CFS include:
 - UC9 Mentally Impaired
 - UC9V Mentally Impaired (Violent)
 - USUIC Suicide/Suicide Attempt
 - Actions taken by the respondent that constitute criminal activity will be reported as per 16.1.100 Records Management Policy.
 - If no criminal activity that requires an offense report is involved, the encounter will be documented on an Incident Report.
 - The reporting officer will request a copy of the completed Application for

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Emergency Admission form to submit along with any other reports for division records.

- In instances where the respondent engages in violent or resistive behavior, the appropriate criminal charges will be placed, in addition to the state emergency mental health hold order. In such instances, the respondent will be transported for medical treatment first if necessary; then to the appropriate emergency psychiatric care facility. A holder can be placed, per 2.2.200 Arrest, Processing and Transportation of Detainees Policy. When UCPD is notified that a respondent with a criminal charge holder is ready for release from an Emergency Psychiatric Care facility, the respondent will be transported to the appropriate detention facility.

E. Consular notification and Access

1. If the person taken into custody under 5122.10 is determined to be, or claims to be a foreign citizen, the officer shall notify their supervisor and comply with the attached guidance provided by the [U.S. Department of State](#).
2. The notifications and access records will be documented in the associated incident report to include:
 - a. What information was provided to the foreign national and when.
 - b. The foreign national's requests, if any.
 - c. Whether the consular officer was notified and, if so, the date and time and the means used to notify them (e.g., fax, email or phone.) If fax or email is used to notify the consular officers, keep the fax confirmation sheet or sent email and submit to Records with the incident report.
 - d. Document any other relevant actions taken in the incident report.

V. Additional Resources

1. Crisis Assessment, Referral, Evaluation (CARE) Team

The University CARE Team is chaired by the Assistant Dean of Students and composed of representatives from the UCPD, the Disability Services Office, Student Conduct & Community Standards, University OMBUDS, Resident Education & Development, Counseling & Psychological Services, and a faculty representative. The purpose of the CARE Team is to respond to reports about students whose behavior is raising concerns within the University community. The committee is charged to devise a coordinated plan for assessment, intervention and management of the concerns for the student's well-being and that of the University community. The CARE Team meets weekly.

Officers that encounter or become aware of students that are not in need of emergency mental health services but that may benefit from involvement with the

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CARE Team can make a referral to the CARE Team with the Assistant Dean of Students Office or the UCPD representative assigned to the CARE Team.

- Further information is available at www.uc.edu/sa/deanofstudents/crisis--assessment--referral--evaluation-team--care-team-.html

2. Counseling and Psychological Services (CAPS)

CAPS is a professional counseling office within Student Affairs. CAPS provides counseling, outreach programs, and related services for UC students and those concerned about their welfare. Services available to students include:

- Counseling for students experiencing mental or emotional crisis
- Substance abuse counseling
- Sexual Assault counseling
- More intensive treatments (as necessary) such as psychotherapy, psychiatry, case management, group therapy, etc.

Officers that encounter students that may benefit from involvement with CAPS can direct the student to CAPS, and provide transportation to CAPS if desired. CAPS is located at 225 Calhoun Street Suite 200. CAPS's 24/7 Crisis hotline is available at 513-556-0648.

- Further information is available at <http://www.uc.edu/counseling.html>

3. Mental Health Access Point (MHAP)

Mental Health Access Point is a service of the Hamilton County Mental Health and Recovery Services Board. MHAP is available 24/7 via telephone at 513-558-8888. MHAP is available for any consumer in need of crisis counseling and mental health services. MHAP will assist any police officer facing a situation involving a suspected mentally ill individual. MHAP will share confidential information with the officer if the officer and/or the individual are in a dangerous situation where there is an imminent risk of harm. The information provided by MHAP is in the interest of safety to the individual, the police, and others in the area. Information obtained from MHAP may not be shared beyond law enforcement and emergency medical and mental care providers, and may not be used beyond the current emergency.

VI. Annual Review of Mental Health Response and Training

1. In an effort to provide an effective response to mental health calls in the community, UCPD will conduct an annual review of all mental health response calls.
2. This annual review will be conducted collaboratively with University mental health

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resources to include the CARE Team and CAPS.

3. On or about May 1st of each year, the Crime Analyst or designee will compile a summary of incidents involving mental health related issues from the prior year (April 30-April 30). The summary will indicate the following information if available:
 - the incidents involving mental health related issues
 - Incident Location
 - the disposition of the person (i.e. advised, transported, arrested, etc.) the total number of calls for service for mental health response Mental Health Response
 - whether the person was reported as being violent or potentially violent whether
 - any injuries sustained by the person in need of mental health services, officers, or anyone else related to the incident
 - If a use of force was involved
 - Alcohol or drugs use
 - Weapons involved
 - Previous history
 - Training (results of any after action reports)
 - Subjects academic information (such as year, college, program, CSR, commuter)
 - Race and sex of subject
2. By June 30th, the summary will be reviewed by the Standards and Strategic Development Bureau Commander for patterns, trends, and any information useful for the preparation of training and deployment. This review will be documented on an Internal Correspondence Memo, Form 5, attached to the summary, and distributed to the Chief of Police and Training Unit as necessary for implementation in training and deployment decisions.
 - A copy of this summary and review will be provided to the Assistant Dean of Students, for consideration by the CARE Team. A copy will also be provided to the Director of CAPS for their review.
3. Police personnel will receive training on Mental Health Response as part of their initial training and personnel assigned to patrol will receive refresher training at least every two years thereafter.