

AKRON POLICE DEPARTMENT  
PROPOSED EMERGENCY MENTAL ILLNESS PROCEDURE

## INTRODUCTION

Police officers are often called upon to respond to incidents involving persons who are known to be or suspected of suffering from a mental illness. The degree of police involvement or intervention depends on the condition of the particular individual as well as the circumstances surrounding the encounter. In non-emergency situations, police intervention may be required to help calm a person in crisis, provide information and, whenever appropriate, link the person with the public mental health system for treatment. In emergency situations, it is necessary for the benefit and safety of the individual and/or the community, to take the person into custody in order to ensure that their mental stability is properly evaluated.

A police officer has the legal authority to take an individual into custody and arrange for transportation to a general hospital or to a mental health facility when the officer has reason to believe that the person is mentally ill and subject to hospitalization and represents a substantial risk of physical harm to self or others if allowed to remain at liberty (O.R.C. 5122.10).

## POLICY

It is the policy of the Akron Police Department that persons suspected of suffering from mental illness will be taken to a mental health facility.

## DEFINITIONS

Mental Illness (O.R.C. 5122.01) – Substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgement, behavior, capacity to recognize reality or ability to meet the ordinary demands of life.

Mentally Ill Person – Subject to emergency hospitalization who, because of his/her mental illness:

1. Represents a substantial risk of physical harm to themselves as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
2. Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
3. Represents a substantial and immediate risk of serious physical impairment or injury to themselves as manifested by evidence that the person is unable to provide for and is not providing for their basic physical needs because of his/her mental illness and that appropriate provision for such needs cannot be made immediately available in the community; or

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4. Would benefit from treatment in a hospital for his/her mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or themselves.

Crisis Intervention Team – Consists of volunteer officers from each Uniform Patrol shift who have received specialized training to handle the complex issues relating to mental illness. In addition to performing their regular duties, CIT officers are called upon to respond to mental disturbance calls.

## PROCEDURE

### I. EMERGENCY MENTAL ILLNESS

#### A. SAFETY COMMUNICATIONS CENTER RESPONSIBILITY

1. Obtain as much information as possible in relation to the call (i.e. suicidal, violent, injuries, weapons, suspect's behavior, medications, etc.).
2. Dispatch EMS, a patrol wagon (if available) and police cruiser(s).

**Note:** Safety Communication personnel should make a reasonable effort to secure a Crises Intervention Team officer to respond, if available (These team members are identified on Patrol Details by a (+) sign next to their name).

#### B. RESPONDING OFFICERS RESPONSIBILITY

1. Absent the noted exceptions, upon encountering a possible mental illness case, the officer(s) shall investigate the circumstances to determine what further action is required. If an officer believes an emergency mental illness exists, he/she shall:
  - a. Call for a **CIT** officer to respond, if available.
  - b. Notify the authorized mental health facility that an emergency mental illness case exists and that the person is being transported there.
  - c. Have the person transported in a patrol wagon, EMS unit or ambulance.

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2. EXCEPTIONS

- a. In cases where a person is under the influence of drugs or alcohol, and the officer(s) still believe(s) that the person requires emergency mental illness treatment, the officer(s) shall transport the subject to the authorized detoxification center for evaluation, and treatment if necessary.
- b. Persons requiring medical treatment should be taken to a general hospital by EMS/ambulance.
- c. In the event a person or member of a person's immediate family specifically requests that the person be taken to a general hospital for evaluation this may be done and should be noted in the Incident Report. Hospitals cannot refuse treatment as this would be a violation of the person's rights.

**Note:** Officers should be aware that some medical conditions have symptoms that mimic mental illness; i.e., stroke, diabetes, head injuries, dementia, etc. This is why EMS should be called to the scene.

3. When a mentally ill person is taken into custody, the officers shall identify themselves and inform the person that they are not under arrest. Further, inform the person that they are being transported to a mental health facility for examination and identify the facility by name.
4. An Incident Report shall be made containing a complete description of facts concerning the voluntary or involuntary detention, as well as names, addresses and phone numbers of relatives and complaining or reporting witnesses.

**Note:** The Investigative Subdivision copy of the Incident Report shall be provided to the transporting officer.

5. A **CIT** officer shall complete a status sheet on each encounter with a person thought to have a mental illness, (regardless of how the call was originally coded). This sheet will be placed in the **CIT** tray located in the Patrol Sergeant's Office.

C. TRANSPORTATION OF THE MENTALLY ILL

1. The Investigative Subdivision copy of the incident report shall be given to the hospital or mental health facility by the transporting police officer.
2. Any officer transporting a person to or from a mental health facility or hospital shall complete a Transportation Report. If the person is in police custody, a

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Transportation Report must be made regardless of the means of transport (e.g. APD wagon, EMS unit, private ambulance, etc.)

3. When a person is determined to need an emergency evaluation, and the person refuses to be voluntarily transported, the transporting officer shall sign the "Application for Emergency Admission" ("pink slip").
4. Transporting officers shall remain at the mental health facility until staff indicates that they are able to manage the patient.
5. If mental health facility personnel advise that the emergency mental illness person must be transported to a State mental health facility and they cannot make the transport run; APD will transport the person.
  - a. Unless APD transported the person to a mental health facility, APD will not transport a person from the facility without approval of a Uniform Subdivision Supervisor.
  - b. Officers will not be required to stand by at the State mental health facility unless specifically requested.
6. When the mentally ill person is cooperative he/she may be transported in a police cruiser (**authorized restraint and frisk techniques that satisfy officer safety may be used!**). It is preferred that **CIT** officer(s) transport, if available.
7. Mentally ill persons will not be transported in a police cruiser in any of the following circumstances:
  - a. When the mentally ill person is not cooperative and/or is at risk of injuring themselves. In such circumstances EMS will be called to assist in restraining the person and to arrange for a private ambulance to transport, when necessary.
  - b. When a person has injuries that require medical treatment, EMS will be called. If EMS determines that further evaluation and/or treatment is necessary, EMS will either transport or arrange for transportation of the person to a general hospital emergency department.
  - c. If the person is violent, handcuffed, has leg restraints, or has criminal charges pending, an officer (**CIT** if available) should accompany the person being transported in the EMS unit/ambulance. The officer should also accompany the person if requested by the paramedics.

**Note:** When criminal charges are pending, a Uniform Subdivision Shift Commander shall determine the need for a hospital guard.

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D. NON-EMERGENCY MENTAL ILLNESS

In cases where a person is obviously distressed or disoriented but not in danger, officers are encouraged to help link patients back to the treatment agency where they have been getting service. The following options are available:

1. If the person requests or agrees to transportation to a local mental health treatment facility for voluntary treatment, the officer will provide such transportation. It is preferred that a **CIT** officer provides this transportation.
2. If previously under a doctor's care, the officer should attempt to contact the doctor via a phone call.
3. For individuals not known to be actively in treatment the officer should refer to an authorized adult mental health facility service.

II. JUVENILES

Persons under the age of 18 will not be accepted in an adult mental health facility.

1. All nonviolent juveniles considered to be **emergency** mental illness cases shall be taken to the Akron Child Guidance Center during normal business hours (see addendum). **Non-emergency** mental illness cases shall be referred to the Akron Child Guidance Center.
2. Juveniles who are violent, have medical problems, or when the Akron Child Guidance Center is closed, shall be taken to Children's Hospital Medical Center of Akron emergency department.
3. Whenever possible the parent/guardian shall be notified and should also accompany the juvenile to the facility.

III. LIABILITY 5122.34 O.R.C.

All persons acting in good faith, either upon actual knowledge or information thought by them to be reliable, who procedurally or physically assisted in the hospitalization or discharge of an individual pursuant to the provisions of this chapter of the Revised Code, do not come within any criminal provisions and are free from any liability to the individual hospitalized or to any other person.

IV. ESCAPED PATIENTS 5122.26 O.R.C.

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An escaped involuntary admission patient, upon the verbal or written order of either the Department of Mental Health, the Chief Clinical Officer of the hospital from which the patient escaped, or the Court of either the county where hospitalization was ordered or where the patient was found, may be taken into custody by any health or police officer or sheriff and transported to the hospital where the patient was hospitalized or to such a place as designated in the Order. The officer shall immediately report such fact to the agency issuing the Order.

If the escaped involuntary admission patient is gone over 30 days, the hospital may discharge the patient after giving notice to the court. If the escaped patient is under indictment, he/she will be placed back in confinement or readmitted to the mental hospital. Any patient who escapes from a mental hospital while being considered mentally ill cannot be charge with escape.

V. PROBATE WARRANTS

Copies of Orders of Detention are filed with the Detective Bureau Desk on cases determined by the Probate Court Investigator to be emergencies.

Probate warrants (Orders of Detention) are generally active for only 30 days; therefore Probate Court should be contacted in reference to Orders of Detention, which are beyond 30 days.

VI. DUTY TO PROTECT

O.R.C. section 2305.51 requires mental health professionals to predict, warn of, or take precautions to prevent the violent behavior of mental health clients or patients. One of their options is to communicate to the appropriate law enforcement agency such threats or concerns.

Officers responding to warning calls from mental health professionals shall complete an incident report to include all of the following information:

- (a) The caller.
- (b) The nature of the threat.
- (c) The identity of the mental health client or patient making the threat.
- (d) The identity of each potential victim of the threat.
- (e) Why the client/patient was not hospitalized by the mental health professional.
- (f) Determine whether intended victim(s) have been notified by the mental health professional.

If the intended victim(s) were not notified by the mental health professional, the officer(s) taking the report have an obligation to accomplish this task in a timely fashion.

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The officer(s) should also consider interviewing the suspect to determine whether there is a basis for criminal charges.

By Order of,

\_\_\_\_\_

Chief of Police

Date: \_\_\_\_\_

Officer most knowledgeable on procedure: Lt. Michael S. Woody

**ADDENDUM**

ADULT AUTHORIZED MENTAL HEALTH FACILITY as of September 30<sup>th</sup>, 2000:

Portage Path Emergency Services  
15 Fredrick St.  
996-7730

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ADULT AUTHORIZED MENTAL HEALTH FACILITY REFERRAL SERVICE:

Portage Path Behavioral Health  
340 South Broadway St.  
253-4118  
Open Monday-Friday 8:30a-5p

ADULT AUTHORIZED DETOXIFICATION CENTER:

Oriana Detoxification Center  
10 Penfield Ave.  
996-7730

JUVENILE AUTHORIZED MENTAL HEALTH FACILITY:

Akron Child Guidance Center  
312 Locust St.  
762-0591  
Monday-Thursday 8a-8p  
Friday 8a-5p  
Closed Saturday, Sunday and Holidays

Note: Juveniles, who are violent, have medical problems or those encountered after the Child Guidance Center is closed shall be taken to Children's Hospital Medical Center of Akron emergency department.