

**POLICY
418**

**EFFECTIVE
DATE
7-20-15**

Eugene Police Department



Mental Health Crisis Response

418.1 PURPOSE AND SCOPE

Individuals who are experiencing a mental health crisis can pose a significant challenge to police officers. Such a person can behave in an unpredictable manner, and can pose a safety hazard to him or herself, to police officers, and/or to others. The Eugene Police Department will strive to de-escalate the situation and deal with such a person in a compassionate yet safe manner in order to protect the individual, the public, and officers. A person experiencing a mental health crisis will be taken into custody only when he or she has committed a criminal offense; has a valid detention order against him or her; or has demonstrated by his or her actions, as observed by a reliable person, that he or she poses a danger to him or herself or to others and is in need of immediate care, custody, or treatment for a mental illness.

418.2 DEFINITIONS

Person in crisis: This term refers to an individual whose level of distress or mental health symptoms have exceeded the person's internal ability or coping skills to manage his/her behavior or emotions. A crisis can be precipitated by any number of things, including a cyclical increase in symptoms of mental illness despite treatment compliance, non-compliance with treatment (most notably failure to take prescribed medications appropriately), or any other circumstance or event that causes the person to engage in erratic, disruptive, or dangerous behavior, often accompanied by impaired judgment.

CIT Officer: Any sworn employee who has successfully completed the core 40-hour CIT training.

CIT Coordinator: The CIT Coordinator, who is appointed by the Chief of Police or designee, will be a sworn employee holding the rank of Sergeant or above who is responsible for the administration of the CIT program.

De-escalate: A deliberate attempt to reduce the necessity or intensity of force to resolve confrontation.

Delaying Custody: A tactic that can be used if the officer determines immediately taking the person into custody may result in an undue safety risk.

Disengagement: The intentional decision, based on the totality of circumstances, to discontinue contact after the initial attempts with a person in crisis.

Non-engagement: The intentional decision, based on the totality of circumstances, not to make contact with a person in crisis.

418.3 PROCEDURE

- (a) Crisis Intervention Team (CIT) training: All sworn officers will attend CIT training during the Oregon DPSST Basic Academy or during a separate training class. CIT refresher training will be conducted during in-service training. Officers are expected to use their CIT training when responding to incidents involving persons in crisis due to a known or perceived mental illness.

- (b) Response to Persons Affected by Mental Illness or in Crisis:
Any officer responding to persons exhibiting abnormal behavior or symptoms of mental illness or mental health crisis should carefully consider the following actions to manage the situation for the safety of all at the scene:
 - 1. Any available information which might assist in determining the cause and nature of the behavior, including information about any prior mental health crises.
 - 2. Conflict resolution and de-escalation techniques for potentially dangerous situations involving persons in crisis.
 - 3. Appropriate language usage when interacting with persons in crisis.
 - 4. Community resources which may be readily available to assist (e.g., CAHOOTS, caregiver or personal advocate.)
 - 5. If force is required and circumstances permit, alternatives to lethal force should be considered when dealing with potentially dangerous individuals.
 - 6. Evaluate the nature of the situation and necessity for police intervention or referral.
 - 7. If police intervention is necessary, evaluate if the contact should be made by phone or in person.
 - 8. If police intervention is necessary, evaluate the need to utilize additional cover officers and the ability to notify and/or utilize a supervisor.
 - 9. Evaluate the need for assistance from individuals with specialized training in dealing with mental illness or crisis situations (e.g. Crisis Negotiator, CAHOOTS.)

418.3.1 RECOGNIZING ABNORMAL BEHAVIOR

- (a) Mental illness is often difficult for even the trained professional to define in a given individual. Officers are not expected to diagnose an individual experiencing a mental health crisis, but rather to recognize behavior that is potentially dangerous to the individual or others.

- (b) Listed below are some general signs and symptoms of behavior that may suggest a mental health crisis. Officers should not rule out other potential causes, such as physical injury, reactions to narcotics, alcohol, or medication, or temporary emotional disturbances that are situationally motivated. Officers should evaluate the following and related symptomatic behavior in the total context of the situation when making determinations about an individual's mental state and the need for intervention if a crime has not been committed.
1. Strong and unrelenting fear of persons, places, or things
 2. Extremely inappropriate behavior for a given context
 3. Extreme rigidity or inflexibility
 4. Abnormal memory loss (such as inability to remember name or date)
 5. Delusions that are clearly false
 6. Hallucinations
 7. Extreme fright or depression
 8. Belief that one suffers from extraordinary physical maladies that are not possible (such as a belief that the heart has stopped beating for an extended period of time.)

418.3.2 ASSESSING RISK

- (a) Not all persons who are experiencing a mental health crisis are dangerous; some may be victims, and some may present a danger only under certain circumstances or conditions. In addition to specific factors relevant to the individual's behavior, the volatility of the environment must also be evaluated.
- (b) The following is a list of some indicators which may indicate that the person represents an immediate or potential danger to himself/herself or others:
1. Availability of weapons
 2. Statements by the person that suggest that s/he is prepared to commit a violent or dangerous act
 3. A personal history that reflects prior violence under similar or related circumstances
 4. Loss of control of emotions (e.g., rage, anger, fright, agitation)

418.3.3 INITIAL RESPONSE

- (a) If a police response involves a situation where a person is believed to be in crisis, a CIT trained officer should be dispatched, if available.
- (b) Emergency lights and siren should be used only when urgency is required, and these devices should be turned off as soon as possible upon arrival.

- (c) An officer who is dealing with a person in crisis should attempt to establish a safe environment that will be conducive to successful de-escalation and resolution of the incident.

418.3.4 DISPOSITIONS

Officers will consider the nature of the situation and the behavior of the involved person in crisis in determining the appropriate disposition of the person. Officers will normally choose from the following options:

- (a) Determine that no further police involvement is necessary, and terminate the contact with the person. Consider referring the person to his/her caregiver or personal advocate, if available.
- (b) Refer the person to a mental health agency, crisis hotline, or other related service agency.
- (c) Consult with a mental health or medical professional, or request a response from CAHOOTS when they are on duty.
- (d) Transport the person to a mental health or medical facility for voluntary care when no other means of transportation is readily available. The person should not be dangerous, and should be able to manage his/her behavior. Officers should escort the person into the waiting area and introduce the person to facility staff. There is no requirement to stand by. A report will be prepared documenting the incident and transport.
- (e) Take the person into custody on a peace officer hold (ORS 426.228) when there is probable cause to believe the person is a danger to self or any other person, or is unable to provide for basic personal needs and is not receiving the care necessary for health and safety, and is in need of immediate care, custody, or treatment for mental illness.
- (f) Where there is a minor criminal offense and the individual is suffering from a mental health crisis that does not rise to the level of a police officer's hold, the person should be cited in lieu of custody with an attempt to access resources in the field. In the absence of resources and a community interest in removing the individual from further incidents is apparent, the subject can be transported to jail and lodged.
- (g) When there is sufficient information for a police officer's hold and there is probable cause to believe the individual has committed a crime that does not require mandatory custody, or the crime is a C felony or lessor offense, the officer should cite in lieu of custody and proceed with the police officer hold process.
- (h) When there is sufficient information for a police officer's hold and there is probable cause to believe the individual has committed a crime requiring mandatory custody, the individual should be taken into custody and transported and lodged at the Lane County Jail. Notification and details of the mental health crisis should be provided to the jail staff.

- (i) Non-engagement or disengagement are tactics that can be used if the officer determines that contact or continued contact with the person will result in an undue safety risk to the person, public, and/or officers. Officers will notify a supervisor and then determine whether to develop a plan to make contact at a different time or under different circumstances. A report will be written documenting the circumstances.
- (j) Delaying custody is a tactic that can be used if the officer determines that taking the person into custody under the present circumstances may result in an undue safety risk to the person, the public, and/or officers. Officers will notify a supervisor and then develop a plan to determine a safer time and method to take the person into custody (civil). A report will be written documenting the circumstances.
- (k) Any report involving the use of a CIT officer will be routed to the CIT coordinator. If no report is taken, an FI card will be completed and routed to the CIT coordinator. The card will include the Event Number and a brief description of the incident's resolution.

418.4 AUTHORITY FOR CUSTODY

The commitment of a person to a treatment facility or other confinement is controlled by *ORS 426.070 through 426.228*. Definitions applicable to these ORS sections can be found in *ORS 426.005*.

- (a) Peace Officer Hold- *ORS 426.228* authorizes peace officers to take into custody a person who the officer has probable cause to believe is dangerous to self or to any other person and is in need of immediate care, custody, or treatment for mental illness. The officer will transport the person to the nearest hospital or non-hospital facility approved by the Department of Human Services (normally the Behavioral Health Unit, via the Emergency Room at Sacred Heart Medical Center, University Campus) and notify the community Mental Health Director or designee. The officer will prepare a report and will state:
 - 1. the reason for the custody
 - 2. the date, time, and place the person was taken into custody
 - 3. the name and phone number of the Community Mental Health Director
- (b) Director's Hold- An officer may also be requested to take a person into custody at the direction of the Community Mental Health Director who has placed a Director's Hold on that person.
 - 1. Verify the authority of the person signing the Director's Custody Report
 - 2. Take the person named on the Director's Custody Report into custody
 - 3. Obtain the Director's Custody Report from the director or designee and transport

the person to the medical facility as designated by the director.

- (c) If the attending physician finds the person to be in need of emergency care or treatment for mental illness, the officer may be requested to transport the person to an appropriate care facility. If the physician determines that the person is not in need of emergency care or treatment for mental illness, the person is to be released from custody. The officer will return the person to the place where the person was taken into custody unless the person declines that service.
- (d) *Psychiatric Security Review Board (PSRB) Order of Revocation- Under ORS 161.375(4)*, the PSRB has the authority to take PSRB supervised persons into custody on Revocation Orders, which are comparable to arrest warrants and subject to the same rules. When an officer is notified of a PSRB Revocation Order, typically through PSRB Law Enforcement Data Systems (LEDS) message reading: "No Criminal Warrant, PSRB order for mandatory return to Oregon State Hospital," the officer shall:
 - 1. Take the person named in the Revocation Order into custody and notify a supervisor.
 - 2. Ensure the Oregon state Hospital Communication Center is notified; the phone number can be found in the PSRB LEDS message.
 - 3. Transport, with one other officer, the person to the Oregon State Hospital Communication Center and notify a supervisor of the transport.
 - 4. Document the incident in a police report.
- (e) Patients Eloped from Mental Health Facilities- Officers may be requested to take patients that elope from facilities into custody. This will be done only when the situation meets one of the following criteria:
 - 1. The patient eloped from a state hospital after being committed under *ORS 181.530*, due to a conviction of a crime or committed as sexually dangerous. Notice can be in writing or by teletype. Be mindful that PSRB arrest orders expire seventy-two (72) hours after being signed.
 - 2. The civilly committed person unlawfully eloped from a residential facility and the facility produced the order of commitment and requested the assistance of a peace officer pursuant to *ORS 426/223*.
 - 3. An eloped patient is deemed to be a danger to him or herself or others.
 - 4. If the eloped patient meets one or more of the above criteria, officers should:
 - (a) Take the eloped patient into custody and transport them back to the facility they eloped from, if stable enough to return, or transport to the nearest designated hospital.
- (f) Assisting Hospitals with Patients with Mental Illness and Walk-Aways- Officers will not become involved in incidents within a secure evaluation unit or an emergency care hospital, unless the officer is bringing in a patient requiring immediate detention to prevent an assault or other crime. Officers will not take into custody voluntarily

admitted patients who have walked away from a hospital or facility, unless their actions at the time indicate they are a danger to themselves or others and are in need of immediate care, custody, and treatment for mental illness.

418.5 OFFICER CONSIDERATIONS AND RESPONSIBILITIES

418.5.1 TRANSPORTATION

When transporting any individual for a mental health commitment, the handling officer should have Central Lane Communications notify the receiving facility of the estimated time of arrival, the level of cooperation of the patient, and whether or not any special medical care is needed.

Officers may transport patients in the patrol unit and will secure them in accordance with the handcuffing policy. Violent patients or those that are medically unstable may be restrained and transported by ambulance with an officer accompanying ambulance personnel. The officer will escort the patient into the facility and place that person in a designated treatment room as directed by a staff member.

If more than one hour will be required to transport the person to the hospital or non-hospital facility from the location where the person was taken into custody, the officer must obtain, if possible, a certificate from a physician who has examined the person within the last 24 hours stating that the travel will not be detrimental to the person's physical health, and that the person is dangerous to self or to any other person and is in need of immediate care or treatment for mental illness (*ORS 426.228[3]*).

418.5.2 RESTRAINTS

If the patient is violent or potentially violent, the officer will notify the staff of this concern. The staff member in charge will have discretion as to whether soft restraints will be used. If these restraints are desired, the officer will wait while they are being applied to help provide physical control of the patient, if needed.

418.5.3 MENTAL HEALTH DOCUMENTATION

The officer will also provide a verbal summary to an emergency department staff member regarding the circumstances leading to the involuntary detention.

418.5.4 SECURING OF WEAPONS

If a receiving center and/or secured facility prohibit weapons, or if an extraordinary event occurs in the treatment facility and officers determine a need to secure their firearms, the firearms will be secured in the appropriate gun locker at the facility or in the police unit.

418.6 SEIZING FIREARMS AND OTHER WEAPONS

Whenever a person has been detained or apprehended for examination pursuant to *ORS 426.228* and is found to own, or to have in his/her possession or under his/her control, any firearm, it should normally be taken into temporary custody by the handling officer when there is legal authority to do so if the officer reasonably believes the weapon represents a danger to the person or others if the person is released. Examples of such authority would be that the weapon is being seized as evidence of a crime, or that it is being taken for safekeeping with consent from a person authorized to give such consent. The weapon will be booked into Evidence Control Unit (ECU) pending disposition.

A weapon seized as evidence may be released once it is no longer needed as evidence. A weapon taken into custody for safekeeping will be returned to the lawful owner upon request unless a court order or other legal authority authorizes that it be retained, in which case it will be released when specified by the court order or required by other legal authority.

Prior to releasing any weapon, ECU personnel will ensure that the person to whom the weapon is being released is legally eligible to possess the weapon.

418.7 TRAINING

As a part of advanced officer training programs, this agency will include DPSST-approved and/or locally-based Crisis Intervention Team (CIT) training for all sworn employees. CIT is designed to resolve police encounters with people experiencing a mental or emotional crisis safely and, when appropriate, link these individuals to mental health supports and services that reduce the chances for future interactions with the criminal justice system. To accomplish this, CIT sworn personnel work in conjunction with dispatchers, CAHOOTS, and area mental health providers.

The CIT Program will be administered by the CIT Coordinator. He or she will be responsible for sworn officer's initial and on-going training. The CIT Coordinator will review all crisis incidents in which CIT officers are used, and will compile and report on data gathered from those incidents.