NORTHAMPTON POLICE DEPARTMENT Administration & Operations Manual	
Policy: Responding to Persons with Mental Illness	**AOM: O-215**
Massachusetts Police Accreditation Standards Referenced: [41.2.7.a], [41.2.7.c], [41.2.7.b], [70.3.2], [72.5.4], [41.2.7.d&e]	Issuing Authority Jody Kasper Chief of Police
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I. Introductory Discussion

Reactions to the people with mental health issues cover a wide range of human response. People with mental illness are sometimes ignored, ridiculed, feared, pitied and mistreated. A police officer or civilian employee must understand this, and their conduct must reflect a professional and empathetic attitude and be guided by the fact that mental illness standing alone, does not permit or require any particular police activity. Individual rights are not lost or diminished merely by virtue of a person's mental condition. These principles, as well as the following procedures, must guide an officer when their duties bring them in contact with a mentally ill person. The directives provided in this policy apply to people with mental illness, and may be applicable to handling those who are violent, self-destructive, or suicidal. [72.5.4]

II. Recognition and Response [41.2.7, a]

A. An officer or civilian employee must be able to recognize a mentally ill individual if they are to handle a situation properly.

1. Factors that may aid in determining if a person is mentally ill are:

   a. Severe changes in behavioral patterns and attitudes
   b. Unusual or bizarre mannerisms
   c. Loss of memory
   d. Hallucinations or delusions
   e. Hostility to and distrust of others
   f. Marked increase or decrease in efficiency
   g. Lack of cooperation and tendency to argue
   h. One-sided conversations

2. These factors are not necessarily, and should not be treated as conclusive. They are intended only as a framework for proper police response. It should be noted that a person exhibiting signs of an excessive intake of alcohol or drugs might also be mentally ill.

   If an officer believes they are faced with a situation involving a mentally ill person, they should not proceed in haste unless circumstances require otherwise. If a civilian employee should encounter a mentally ill person, they should summons a police officer to deal with that person [41.2.7, c].

B. **The Officer should**:

1. Be deliberate and take the time required for an overall look at the situation. They should be empathetic and use active listening skills to develop a rapport with the individual.
2. Ask questions of persons available to learn as much as possible about the individual. It is especially important to learn whether any person, agency or institution presently has lawful custody or is responsible for oversight and treatment of the individual, and whether the individual has a history of criminal, violent or self-destructive behavior.
3. Call for and await assistance when appropriate. It is advisable to seek the assistance of Northampton Crisis Services (Clinical & Support Options (*CSO*) or other mental health professionals when necessary. [41.2.7, b]
4. Mentally ill persons are no more likely than other members of the public to be armed or resort to violence. However, this possibility should not be ruled out and because of the potential dangers, the officer should take the necessary precautions to protect everyone involved.

C. It is not unusual for such persons to employ abusive language against others. An officer must ignore verbal abuse when handling such a situation.

D. Avoid excitement. Crowds may excite or frighten a person with mental illness. Groups of people should not be permitted to form or should be dispersed as quickly as possible.

E. Reassurance is essential. An officer should attempt to keep the person calm and quiet. They should attempt to show that they are not a threat and that they will protect and help the individual. It is best to avoid lies and not to resort to trickery.

F. An officer should at all times act with respect towards people with mental illness. Do not "talk down to" such person or treat such a person as "child-like." Mental illness, because of human attitudes, carries with it a serious stigma. An officer's response should not increase the likelihood that a disturbed person will be subjected to offensive or improper treatment.

III. C.I.T. Officer Response Protocol

A. The Northampton Police Department is committed to providing a high level of service to persons with mental illness, and persons experiencing a mental health crisis or emotional disturbance.

The Northampton Police Department has several officers who have completed a forty hour **Crisis Intervention Team (C.I.T.)** training. This curriculum provides **C.I.T. Officers** with specialized training and knowledge in responding to calls involving the above population.

B. A **C.I.T. Officer** can respond to the scene of a mental health call by the following methods:

1. The **C.I.T. Officer** is dispatched as the primary or back-up officer on a call for service.
2. The **C.I.T. Officer** has a self-initiated encounter with the person.
3. The **C.I.T. Officer** can make a request to the Officer-in-Charge to respond to a call due to the nature of the call or past experience with the involved person.
4. A non-C.I.T. trained officer can call for a **C.I.T. Officer** to respond to a call at the discretion of the Officer-In-Charge.
5. The Officer-in-Charge can send a **C.I.T. Officer** to a call they believe would benefit from the presence of a **C.I.T. Officer.**

IV. Taking a Mentally Ill Person into Custody [41.2.7,c]

A. A mentally ill person may be taken into custody if:

1. They have committed a crime.
2. They pose a substantial danger of physical harm to other persons by exhibition of homicidal or other violent behavior, or they pose a substantial risk of physical harm or injury to themselves (for example, by threats or attempts at

suicide), or they are unable to protect themselves in the community. Threats or attempts at suicide should never be treated lightly.

3. They have escaped or eluded the custody of those lawfully required to care for themselves.

B. Whenever police take a mentally ill person into custody, the appropriate mental health officials should be contacted. They should be informed of the individual's condition, and their instructions sought on how to properly handle, and if necessary restrain the individual, and to what facility they should be taken. If a mentally ill person has attempted to harm themselves, threatened suicide, expressed that they have thoughts of harming themselves, the officer shall notify the OIC who shall ensure that the person is evaluated by an appropriate mental health official, and if the person is a detainee, the station officer shall enter them into CJIS as a Q5 suicide risk. [70.3.2]

C. At all times an officer should attempt to gain voluntary cooperation from the individual.

D. Any officer having contact with a mentally ill person shall keep such matter confidential except to the extent that revelation is necessary during the course of official proceedings, or for conformance with departmental procedures regarding reports.

E. Whenever a mentally ill or mentally deficient person is a suspect in a criminal offense and is taken into custody for questioning, police officers must be particularly careful in advising the subject of their *Miranda* rights and eliciting any decision as to whether they will exercise or waive those rights. The Departmental policy ***AOM O400 Criminal Investigations,*** should be consulted. It may be very useful to review section V. ***Interviewing and Interrogations*** when an officer seeks to interrogate a suspect who is mentally ill or mentally deficient.

1. Before interrogating a suspect who has a known or apparent mental condition or disability, police should make every effort to determine the following:

   a. The nature and severity of that condition or disability;
   b. The extent to which it impairs the subject's capacity to understand basic rights and legal concepts (such as those contained in the Miranda warnings); and
   c. Whether there is an appropriate "interested adult," such as a legal guardian or legal custodian of the subject who could act on behalf of the subject and assist them in understanding their *Miranda* rights and in deciding whether or not to waive any of those rights in a knowing, intelligent, and voluntary manner.

F. If a mentally ill or mentally deficient person is reported lost or missing, police should consult ***AOM O214 Missing Persons***.

G. An officer who receives a complaint from a family member of an allegedly mentally ill person who is not an immediate threat, or is not likely to cause harm to themselves or others, should advise such family member to consult a physician, mental health professional, or a local mental health agency for advice.

H. Once an officer takes custody of a mentally ill person who is likely to cause serious harm to themselves or others, they should only release the person to a proper mental health facility. Occasionally the facility to which an officer transports a mentally ill person will either refuse to admit them entirely, or will direct the officer to another mental health facility. The officer should contact the Officer-in-Charge for specific instructions in such cases. [72.5.4]

I. Any detainee charged with a criminal offense being held by this department may apply for voluntary emergency admission to a mental health facility in accordance with M.G.L. Ch. 123, §18(b). See ***AOM O142 Detainee Processing & Confinement***.

V. Involuntary Emergency Admissions

Definitions:

A. **Mental Illness**: *For the purposes of admission to an inpatient facility under Section 12, "Mental Illness" means a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, and capacity to recognize reality or ability to meet the ordinary demands of life. Symptoms caused solely by alcohol or drug intake, organic brain damage or intellectual disability do not constitute a serious mental illness.*

A Police Officer is authorized to complete a **COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH** APPLICATION FOR AN AUTHORIZATION OF TEMPORARY INVOLUNTARY HOSPITALIZATION **M.G.L. Chapter 123, Section 12 (a)**

The Application Pursuant to 12 (a) is commonly referred to as a **"Section 12".**

B. **Section 12 Admissions**

Although an officer has the statutory authority to sign a Section 12(a) application for commitment in certain situations, it is always advisable to contact our Emergency Services Provider, which is currently Clinical and Support Options (CSO), to have this function performed. This should be an officer's initial approach.

C. While it is always preferable to attempt to get a Section 12 from CSO, a mental health professional, or physician, the department recognizes that this is not always practical or safe. A Police Officer can complete a Section 12(a) in an emergency if no physician or other mental health professional is available, and the officer

believes that failure to hospitalize the person will result in a likelihood of serious harm by reason of mental illness. For purposes of initiating a initiating a Section 12, **Likelihood of Serious Harm** is defined as:

1. A substantial risk of physical harm to the person themselves, as manifested by evidence of threats of, or attempts at suicide, or serious bodily harm; and/or
2. A substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior, or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; and/or
3. A very substantial risk of physical impairment or injury to the person themselves as manifested by evidence that such person's judgment is so affected that they are unable to protect themselves in the community, and the reasonable provisions of their protection are not available in the community.

D. Whenever the above criteria are met, and an officer is required to use physical force to gain control of a person with mental illness (as defined in this policy), the officer should complete a **Section 12, COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH** APPLICATION FOR AN AUTHORIZATION OF TEMPORARY INVOLUNTARY HOSPITALIZATION **M.G.L. Chapter 123, Section 12 (a).**

   In most situations a medical or mental health transport will be completed by an ambulance, See AOM O-140. The officer should ride in the ambulance to the hospital or follow the ambulance to the hospital. On arrival at the hospital the responsible officer should complete the **Section 12** immediately, or when practical and safe. The officer should also verbally relay any pertinent facts to hospital staff that supports their decision to complete the **Section 12**. The original **Section 12** will be left at the hospital, and a copy will be returned to the station and filed with records with the corresponding offense number affixed. In all cases when an officer completes a **Section 12,** an IMC offense report will be completed.

   1. Police Officers are immune from civil suit for damages for restraining, transporting, applying for the admission of or admitting any person to a facility if the officer acts in accordance with M.G.L. Ch. 123.

E. Police officers may make application to a district court jurisdiction for a three-day commitment to a facility of a mentally ill person whom the failure to confine would cause a likelihood of serious harm. Three-day commitment proceedings under M.G.L. Ch. 123 §12(e) should be initiated by a police officer only if all of the following procedures have been observed:

   1. Determination has been made that there are no outstanding commitment orders pertaining to the individual;
   2. Every effort has been made to enlist Northampton Crisis Services (CSO) and/or an appropriate physician, psychiatrist, psychologist, social worker, or family member to initiate the commitment proceedings; and
   3. The officer has received approval from the Officer-in-Charge.

F. No person shall be admitted to a facility under M.G.L. Ch. 123, §12, unless they or their parent, or legal guardian on their behalf, is given an opportunity to apply for voluntary admission and was informed of the following:

1. The right to apply for voluntary admission; and
2. Period of hospitalization under section 12 may not exceed three (3) days.

G. **Section 18 Admissions**

1. If a detainee is retained in custody on pending charges, and that detainee is believed to be in immediate need of hospitalization for mental illness, a commitment should be sought under the provisions of M.G.L. Ch. 123 §18(a). The services of a qualified physician or psychologist must be obtained through our Emergency Services Provider (CSO). That physician or psychologist will examine and evaluate the detainee in person. If the examining physician or psychologist determines that the detainee is in need of hospitalization, that physician or psychologist must report their findings directly to a justice of the district court. If the justice concurs with the physician's or psychologist's evaluative findings, that justice can issue an order committing the detainee to a Department of Mental Health Facility for examination and evaluation, for a period of up to 30 days. The use of a section 18, rather than a section 12, is a benefit in that the Department of Mental Health Facility may not release the detainee without first notifying the court.

H. If an officer makes an application to a hospital or facility and is refused, or if they transport a person with a commitment paper (section 12 paper) signed by a physician or other qualified professional, and that person is refused admission, they should ask to see the on-duty administrative person in charge to have them evaluate the patient. If refusal to accept the mentally ill person continues, the officer shall not abandon the individual, but shall take measures in the best interests of that person, and if necessary, take the mentally ill person to the police station. Notification of such action shall immediately be given to the Officer-in-Charge who will contact the Director of Northampton Crisis Services (CSO), or their designee.

VI. Apprehension of Escaped Mentally Ill Patients (Including Voluntary Admissions)

In accordance with M.G.L. Ch. 123 §30, if a patient or resident of a facility of the Massachusetts Department of Mental Health is absent without authorization, the superintendent of the facility is required to notify the state and local police, the local district attorney, and the next of kin of such patient or resident. Such persons who are absent for less than six (6) months without authorization consistent with the provisions of M.G.L. Ch. 123, the regulations of the Department of Mental Health, or the rules of said facility, may be returned by the police. **However, this six-month limitation does not apply to persons who have been found not guilty**

of a criminal charge by reason of insanity, or to persons who have been found incompetent to stand trial on a criminal charge.

1. Regarding "absent without authorization", M.G.L. Ch. 123 §11 provides that: "Any person retained in a facility under the provisions of paragraph (a) of §10 (voluntary admission), shall be free to leave such facility at any time, and any parent or guardian who requested the admission of such person may withdraw such person at any time upon giving written notice to the superintendent. The superintendent may restrict the right to leave or withdraw to normal working hours and weekdays, and at their discretion, may require persons or parents or guardians of person to give three (3) days written notice of their intention to leave or withdraw…"

   Note: *It is not clear whether the superintendent of a facility may impose a standard policy that all patients must provide three (3) days written notice prior to dismissal, or whether said three (3) days would be required on a case by case basis.*

VII. Training [41.2.7, d, e]

A. All entry level employees will receive training upon hire, regarding the interaction of agency employees with persons suspected of suffering from mental illness.

B. Additionally, a review of this training will be conducted no less than every 2 years.

VIII. Mental Health Liaison Supervisor and Officer Job Responsibilities

Supervisor Responsibilities: To oversee all aspects of the Jail Diversion and Crisis Intervention Team to include the following:

- Be the point of contact for mental health stakeholders and persons with mental illness in the community.
- Be the point of contact in the department for referrals of more serious mental health calls or re-occurring situations in the community.
- Work with mental health stakeholders to address and resolve specific issues with particular persons, groups, facilities or organizations in the community.
- Collaborate with the District Attorney's Office on specific cases related to offenders/suspects with mental illness.
- Attend quarterly or regularly scheduled meetings with the Hampshire Mental Health and Law Enforcement Collaborative stakeholder group.
- Attend other planning or collaborative meetings with stakeholder groups.
- Occasionally speak at meetings or presentations regarding our Jail Diversion Program and efforts in this area.

- Oversee and coordinate any student or volunteer interns that may be working at the department specifically supporting our Jail Diversion Program and Mental Health Outreach/Follow-up efforts.
- Oversee and coordinate the JDP Co-responder Program.
- Assist our training coordinator in identifying and locating Mental Health Trainings and selecting appropriate officers to attend.
- Maintain the list of MHFA and CIT Officers in the department.

Officer Responsibilities: This officer must have completed CIT training. To assist and support the Mental Health/Jail Diversion Supervisor in the following ways.

- Represent the department and be a point of contact with mental health stakeholders and persons with mental illness in the community.
- Be a point of contact and take a proactive approach in the department to resolve any issues related to persons with mental illness in the community.
- Attend meetings related to our Jail Diversion program and mental health outreach efforts.
- Attend quarterly or regularly scheduled meetings with the Hampshire Mental Health and Law Enforcement Collaborative stakeholder group.
- Oversee, support and assist any student or volunteer interns that may be working at the department specifically supporting our Jail Diversion Program and Mental Health Outreach/Follow-up efforts.
- Occasionally speak at meetings or presentations regarding our Jail Diversion Program and efforts in this area.

IX. Co-responder Clinicians (Jail Diversion Program)

A. Past research has revealed alarmingly high numbers of people with serious mental illnesses who are incarcerated in jails and prisons across the country. A commonly accepted recommendation for addressing this crisis and for diverting those with mental health issues out of the criminal justice system, is a strong mental health/police collaboration. Quick access to, and presence on calls, of trained mental health clinicians transforms the way that public safety services are delivered. When individuals with mental illness are diverted from arrest and into community-based treatment, they spend less time in jail, pose a lower risk to society, and have the opportunity for a better quality of life than those who are arrested. This type of Jail Diversion Program (JDP) is founded on the understanding that, by working together, mental health clinicians and police officers can respond more appropriately to the needs of individuals with mental illness in the community and that clinicians (as gatekeepers to the mental health system) can offer an alternative to arrest.

B. In the interest of best serving those who are in crisis and/or who have a mental health diagnosis, the Northampton Police Department has a partnership with CSO to ensure rapid access to mobile crisis responders. This JDP partnership provides police officers with immediate access to trained clinicians for on-scene responses, follow-up care, and case consultation.

C. Co-responders will:

1. Participate in orientation ride-alongs with officers.
2. Attend shift changes, when available.
3. Make recommendations regarding training programs and topics.
4. Complete an orientation and training program regarding the operation and administration of the Department
5. Attend on-going training and education opportunities including those that enhance clinical skills and those that are specific to Department operations.
6. Attend meetings with the Department's Mental Health Liaison Supervisor and/or Officer to discuss program updates, data and statistics, challenging cases, operational challenges, success stories, community issues, and training and resources.
7. When directed or requested by Dispatch or a police supervisor, respond to police calls for service.
8. Provide follow-up services to individuals in the community who have had contact with public safety services and who have been identified as in need of follow-up services by police or JDP clinicians. This includes follow-up services for alcohol and drug addiction.
9. When dispatched or requested by a police supervisor, respond directly to scenes where clinical services would be beneficial. These calls may include a person in crisis as a result of mental health issues. Calls that may benefit from the presence of a clinician may also include abuse or sexual assault matters, accidents, crimes, or events that result in serious injury or death, or individuals seeking guidance regarding best supporting others with mental health or addiction concerns.
10. Collect and maintain data on JDP responses. Provide a *Monthly Activity Report* to the Chief of Police by the 5th day of the next month.
11. Provide an *Annual Report* with summary data from previous *Monthly Activity Reports* to the Chief of Police by the 15th day of January each year.