

# ***POLICIES, PROCEDURES, AND RULES***

<b>Subject:</b> 41.2.7 Department Response to Subjects with Mental Health Issues	<b>Effective Date:</b> November 10, 2020
<b>Reference:</b>	<b>Version:</b> 4
<b>CALEA:</b> 41.2.7	<b>No. Pages:</b> 5

## **I. PURPOSE**

The purpose of this policy is to provide officers with effective resources for persons in need of mental health service and to provide information on legal and procedural requirements to assist them in providing the highest possible degree of service to this community.

It is the practice of the Fayetteville Police Department to protect emotionally disturbed persons from harming themselves or others. Officers are likely to encounter subjects with mental health issues in the course of their daily activity. It is important to understand that subjects with mental health issues may require more time, different communication strategies and unusual decision-making in order to effectively address the issues at hand. Effective strategies for dealing with this population must place priority on public safety, the needs of the community and the requirements and rights of the individual [CALEA 41.2.7].

## **II. POLICY**

Officers will make every effort to deal with subjects believed to have mental health issues in a manner that will provide maximum safety to themselves, the community, and the subject. When possible, an officer should have another officer present at all times when dealing with subjects believed to have mental health issues. Officers will take steps to ensure such persons receive appropriate treatment to the extent possible (See flow chart on page 5).

### **A. Recognizing Subjects with Mental Health Issues**

1. **Mental Illness:** Arkansas § 20-47-202 (10) (A) defines "mental illness" as a substantial impairment of emotional processes, or of the ability to exercise conscious control of one's actions, or the ability to perceive reality or to reason, when the impairment is manifested by instances of extremely abnormal behavior or extremely faulty perceptions.
2. Officers' decisions to hospitalize or deal with a subject with mental health issues informally should be based on the degree of symptoms being displayed. The warnings signs or symptoms may include, but should not be limited to, the following [CALEA 41.2.7 a.]:
  - a. Confused thinking
  - b. Prolonged depression, including sadness or irritability

- c. Feelings of extreme highs and lows
- d. Paranoia, excessive fears, worries, and anxieties
- e. Dramatic changes in sleeping or eating habits
- f. Strong feelings of anger
- g. Delusions or hallucinations
- h. Suicidal thoughts
- i. Denial of obvious problems
- j. Numerous unexplained physical ailments
- k. Substance abuse
- l. Social withdrawal
- m. Threatening behavior

B. Initial Contact Guidelines [CALEA 41.2.7 c.]

1. Initial Contact – Any person exhibiting signs of uncontrolled mental health issues may be experiencing the effects of a severe medical condition, a chemical imbalance, brain damage, the effects of narcotic use or a combination of any/all of the above.
  - a. Officers should not attempt to diagnose symptoms. Officers may be called upon to articulate any observations and to make sound decisions based on those observations.
  - b. Officers will always remember that any person, including a subject with mental health issues, can be dangerous. Additionally, violent subjects with mental health issues may not respond in a predictable manner when physical force is being used. They may not respond to painful stimuli as others would, and they may be unusually strong during an acute psychotic phase.
  
2. Gathering Facts — Gather information that will assist in making decisions and that may be used in a criminal or civil proceeding at some point.
  - a. Information may come from the subject, friends, family, and witnesses.
  - b. Valuable information may also be found when reviewing prescription medications or in conferring with the person’s psychiatric staff.
  
3. Officer’s Evaluation of Subject – When an officer encounters a person whom he believes may need mental health care, the officer shall evaluate the person’s condition and determine an appropriate disposition of the person, in accordance with Arkansas § 20-47-204, Arkansas § 20-47-207, and Arkansas § 20-47-210. Officers must first decide if, in their judgment based on training, experience and input from mental health professionals and/or family members of the subject, the subject displays mental health issues AND:
  - a. A danger to him/herself and/or
  - b. A danger to others and/or
  - c. Gravely disabled (to the point that they can no longer take care of basic functions such as secure shelter, medicine, food or basic hygiene)

4. **Unless the Subject willingly agrees to go to a treatment facility, and the above criteria are met, a custodial detention is required on the part of this department.**
  - a. Custody can either take the form of a physical arrest or protective custody. In the event of arrest, Officers shall complete a charging instrument (preliminary arrest form) with a listed violation of a state statute.
  - b. Officers SHALL NOT take a person into protective custody and place them in a jail setting without a chargeable offense.
5. Persons believed to be suffering from mental health issues that do not pose an immediate danger to themselves or others may receive the following services from this department:
  - a. Employees can utilize Crisis Intervention Team (CIT) officers to provide assistance and additional resources [CALEA 41.2.7].
    - (1) CIT officers have additional training in mental health issues and are able to assist people with mental health issues with acceptance to the Crisis Stabilization Unit (CSU).
  - b. Transportation or direction to a local treatment facility for voluntary admission. Assistance in contacting supportive family, friends and/or care providers.
6. Transportation – Patrol units equipped with safety screens will be used to transport persons to treatment facilities. Officers should refer to Fayetteville Police Department Policy 71.1.1 for transportation guidelines.

#### C. Involuntary Commitment

1. Arkansas § 20-47-207 states that a person shall be eligible for involuntary commitment if he or she is in such a mental condition as a result of mental health issues, disease, or disorder that he/she poses a clear and present danger to himself/herself or others.
2. State law requires any person placing a protective hold on another person to take that subject to a hospital or receiving facility for treatment (ACA 20-47-201—210).
3. Involuntary Commitment: If an officer has personally witnessed a person's behavior, which meets the criteria for involuntary commitment; received information from an interested citizen willing to seek a petition for involuntary admission; or upon the authorization of a Supervisor, the officer shall:
  - a. Take the person into custody. This can either be through arrest if an actual crime has been committed or through protective custody as detailed in Arkansas § 20-47-210.
  - b. Transport the person to Washington County Jail or to the appropriate facility for screening and evaluation.
  - c. Provide jail staff or the initial screener with as much information as possible about the person's condition.
  - d. Stay with the person until jail staff or hospital/treatment facility security arrives and a report is given to receiving personnel. (Officers may use their

discretion to stay in the hospital facility longer in cases when the subject is still violent and difficult to control.)

- e. Complete a charging instrument (preliminary arrest form) if an arrest has been made.
  - f. Complete a petition for involuntary commitment and attach to an informational report. **(The petitioning officer must sign the affidavit.)**
  - g. Leave a copy of the petition and informational report in the CID mailbox. CID personnel will be responsible for forwarding the reports to the Washington County Prosecutor's Office.
4. Current hospital and treatment center protocol will be maintained and is available in the squad room and in the agency's common drive. [CALEA 41.2.7 b.]
  5. Note: If an officer has not witnessed behavior that would allow him/her to articulate under oath the need for involuntary commitment, but other adults have witnessed the behavior, those witnesses should be encouraged to file a petition for involuntary commitment with the Washington County Prosecutor's Office.
  6. Officers may use a reasonable and appropriate level of physical force necessary to control and transport persons for the purpose of involuntary commitment or for the enforcement of a court order, in compliance with Fayetteville Police Department Policy 1.3.1.

#### D. Felony Arrest

1. No petition for Involuntary Commitment is necessary in the case of a felony arrest.
2. Felony arrests may result in a court order requiring immediate confinement of a subject with mental health issues into the Act 911 Program.
3. In instances where crimes have been committed, particularly against other persons, an arrest is the preferred method of action:

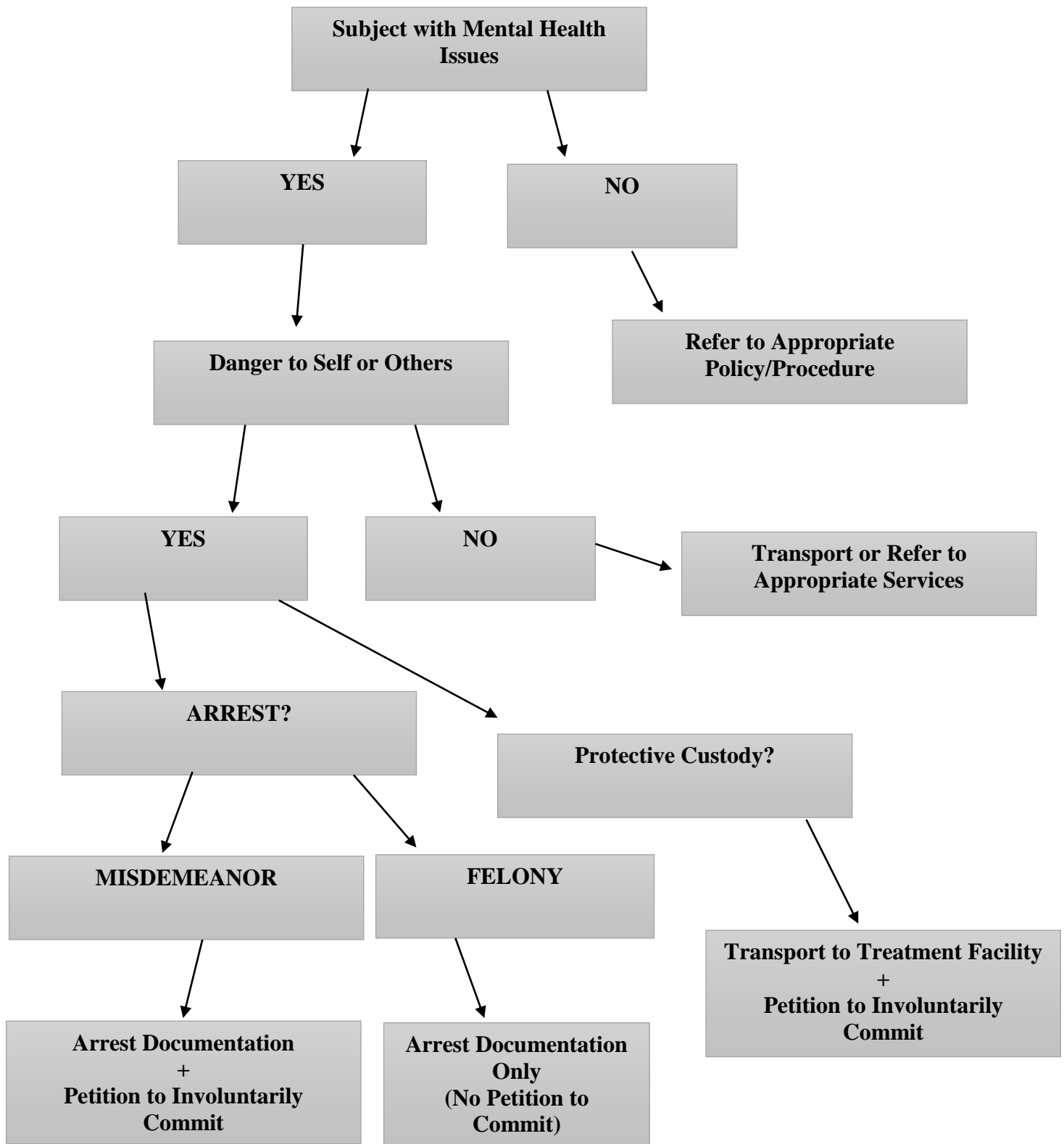
#### E. Interview and Interrogation [CALEA 41.2.7 c.]

1. Persons who are presently experiencing mental health issues may be interviewed and/or interrogated in reference to an investigation.
2. Officer safety must remain of paramount importance and having a second officer observing the interview is preferable.

#### F. Training

1. The Training Division shall ensure that all employees shall receive documented entry-level and refresher training on applicable laws and handling persons suspected to have mental health issues. [CALEA 41.2.7 d.]
2. This documented refresher training shall occur annually and should include input/instructors from mental health professionals, mental health consumers and law enforcement instructors. This training should be reviewed and updated annually [CALEA 41.2.7 e.].

# Flow Chart for Department Response to Subjects with Mental Health Issues.



\*An arrest should only occur if probable cause exists for a criminal offense.