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|  | <h1>Garner Police Department</h1> <h2>Written Directive</h2> | |
| | Chapter: 800 – Operations | |
| | Directive: 820.11 – Interaction with the Mentally Ill | |
| Authorized by: Chief Brandon Zuidema | | Effective Date: April 1, 2016 |
| CALEA Standards: 41.2.7 | | Last Revision: April 1, 2014 |

820.11.1 - Purpose

The Garner Police Department is committed to treating all persons with fairness, respect, and dignity. Realizing that mentally ill persons can present challenges for law enforcement interaction, the Garner Police Department has established this policy for the protection of persons during these encounters.

820.11.2 - Policy

The Garner Police Department will not take custody of a mentally ill person solely because they are mentally ill; their behavior or action(s) must be criminal in nature or the individual must demonstrate a danger to themselves or others.

The Department will serve Involuntary Commitment Processes when issued by a magistrate, begin the Involuntary Emergency Commitment Process when there are sufficient circumstances to warrant this action, and facilitate transportation to a mental health facility when asked by a customer. Sworn officers are the only employees of this Department authorized to perform mental commitments.

820.11.3 - Definitions

- A. Involuntary Commitment – A mental commitment which is executed pursuant to an order signed by the magistrate.
- B. Involuntary Emergency Commitment – A mental commitment executed by an officer without having an order signed by a magistrate. These commitments are initiated when the time it would take to go get an order signed could allow further harm to the patient or others, so the officer must immediately take custody of the individual and transport him or her to a mental health facility.
- C. Mental Commitment – Taking custody of an individual and transporting the individual to a facility for mental health evaluation and treatment, under the statutory authorization and requirements in NCGS §122C, *Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985*.
- D. Mental Illness – For the purpose of this directive, an illness which lessens the capacity of an individual to exercise self-control, judgment, and discretion in the conduct of his or her affairs and social relations to the degree that it is necessary or advisable for the person to be under treatment, care, supervision, guidance, or control of a mental health professional. These illnesses may or may not have a diagnosis from a doctor or other medical professional.
- E. Twenty Four (24) Hour Facility – A hospital or mental health facility which provides a structured living environment for those with a mental illness and is staffed 24 hours a day.
- F. Voluntary Commitment – A mental commitment which is based on the individual’s desire and free-will choice to go to a mental health facility for evaluation and treatment.

820.11.4 – Employee Training (41.2.7)

- A. All new personnel shall receive training in recognition of mental illness, interaction with those who are mentally ill, information about the Crisis Intervention Team (CIT), and resources for the mentally ill. This training will be documented in employee training files for both sworn and non-sworn personnel.
- B. All employees will be provided refresher training every three years which will be documented in employees' training files. This training shall be reviewed and/or updated prior to delivery so that it reflects current recommendations from mental health professionals and legal requirements.
- C. Officers are provided with a list of resources to aid the mentally ill. Officers may also enlist the assistance of officers who serve on the Crisis Intervention Team (CIT) for evaluation of suspected mentally ill persons in need of intervention and specific recommendations of resources (see 820.11.6 below).

820.11.5 – Recognition of Mental Illness (41.2.7)

- A. It is critical that all Department employees be able to recognize indicators that a person may be suffering from mental illness.
 - 1. As many as twenty five percent of the general population suffers from some type of mental illness. Many of these persons exhibit no symptoms of mental illness due to proper medication and therapy.
 - 2. Usually law enforcement interacts with mentally ill persons when the consumer is in crisis. These consumers often exhibit behavior that is abnormal and may be frightening to the public.
- B. Officers will assess the individual, remembering that other medical conditions may cause abnormal behavior, and decide on an appropriate course of action. The signs and symptoms of mental illness will be provided to officers during training.

820.11.6 – Interaction with the Mentally Ill (41.2.7)

- A. Officers will encounter mentally ill persons during the course of their normal duties. Sometimes these individuals will be acting irrationally and behaving abnormally.
 - 1. Officers will assess the individual's behavior and actions to determine the best course of action for both the individual and community. Some of these individuals may be committing minor crimes that may or may not be the result of their mental illness.
 - 2. Officers will use their training, experience, and resources to determine whether to arrest the person or resolve the incident in another way.
 - 3. Officers will not take any mentally ill person into custody for behaviors or actions unless those behaviors or actions are criminal in nature.
 - 4. Officers may take mentally ill persons into custody for evaluation with court orders or if the person meets the criteria for emergency commitment.
- B. The Garner Police Department is committed to using all available alternatives to arrest when dealing with mentally ill persons. Such examples may include times when the arrest of the offender would cause more harm to him/her when there is no threat of public danger. Additional information may be found in GPD directive 210.03, *Limits of Authority and Discretion*.

- C. Interviews and interrogations may be conducted on mentally ill persons for the purpose of gathering information. All Constitutional protections afforded to persons shall be provided to those suffering from mental illness as well (see also GPD directive 840.01, *Criminal Investigations*). Officers are required to provide Miranda Warnings when conducting custodial interviews, and shall ensure that Miranda rights waivers are made knowingly, intelligently and voluntarily.

820.11.7 – Crisis Intervention Team (CIT)

- A. The Garner Police Department has entered into a partnership with local mental health authorities, support groups, and other law enforcement agencies in Wake County to form a Crisis Intervention Team. The members of this team are officers who volunteer to undergo 40 hours of specialized training in mental illness awareness, medications, de-escalation skills, and resources for the mentally ill. These officers serve in various capacities throughout the organization and are available as a resource when dealing with a consumer.
- B. When calls are received indicating the potential for a mentally ill person, a CIT officer will respond if available. Once on the scene, the CIT officer will use his/her skills and training to assist the person. Other officers should defer to the CIT officer's training and experience in handling the call and provide assistance or back-up as needed.
- C. CIT officers who respond will complete a report and forward it to the CIT Coordinator upon the completion of any call involving a mentally ill person regardless of the original dispatch.
- D. CIT officers will not be used for the exclusive purpose of transporting mentally ill persons on mental commitments if they did not respond to the call initially. This shall not preclude officers from calling CIT officers to the scene if they believe there is a benefit of involving a CIT officer on a previously unknown dispatch.

820.11.8 – Commitment Procedures

- A. Pursuant to NCGS §122C-251, officers will inform the person taken into custody on commitment orders or for emergency evaluation that he/she is not under arrest for a crime, but are being taken to a health professional for treatment and for their safety or the safety of others. Officers of the same sex as the person in custody will perform the transport whenever possible.
- B. Emergency Involuntary Commitment
 1. An officer responding to an individual in crisis is authorized to take the individual into custody to prevent immediate harm to the individual or others.
 2. These situations occur when there is no time to go before a magistrate and obtain an involuntary commitment order because the delay in getting the paperwork could allow the mentally ill individual to harm him/herself or others. Officers are authorized to restrain the individual in an appropriate manner to prevent him from harming officers, himself, or others.
 3. Once the person is taken into custody, the officer will transport him to Wake County Crisis and Assessment Services for proper evaluation by psychiatric professionals.
 4. If the person is combative, the officer can call Crisis and Assessment Services and request permission to bypass that facility and go to the local twenty-four (24) hour facility. The decision on where to transport the individual is determined on a case by case basis.
 5. Officers may be required to stay with the individual throughout the process, or custody may be transferred to the hospital or law enforcement personnel at Crisis and Assessment Services depending on the situation.

6. If a psychiatrist determines the individual does not meet the criteria for in-patient hospitalization, the officer may be requested to transport the individual back home.

C. Involuntary Commitment

1. Once a magistrate issues an Involuntary Commitment Order on an individual, the Garner Police Department will be contacted by the Raleigh-Wake Emergency Communications Center (RWECC). An officer will go to the magistrate's office, pick up the paperwork, and take the individual named into custody.
2. Officers are allowed to use reasonable force to take custody of the individual and may restrain him/her appropriately.
3. The officer will transport the named person to the location on the order (usually Wake County Crisis and Assessment Services). Officers are normally allowed to transfer custody and paperwork to the security personnel at Crisis and Assessment Services. If the security personnel are unable to assume custody of the consumer, the officer shall remain with the consumer for evaluation.
4. Once the evaluation is complete, Wake County Crisis and Assessment Services will tell the officer whether or not the individual meets the criteria for in-patient hospitalization.
 - a. If the individual does not meet the criteria, the officer may transport the individual back to his home.
 - b. If the individual meets the criteria for in-patient hospitalization, he/she will be transported to the proper facility for his/her second evaluation.
 - 1) The Garner Police Department handles in-county transports.
 - 2) The Wake County Sheriff's Office handles all out-of-county transports.
 - c. If the Garner Police Department conducts the transport to the second hospital for evaluation, the officer will remain with the individual until the hospital accepts custody of the person.
 - 1) Once custody is accepted, the officer will complete the return of service on the commitment order and return it to the magistrate.
 - 2) If the hospital does not concur with the first evaluation and deems the person does not require in-patient hospitalization, the officer may be requested to transport the individual home.

D. Voluntary Commitment

- A. Officers are encouraged to utilize the Wake County Mobile Crisis Team to assist those in a crisis. As some crisis situations are best resolved in the client's home setting, this resource will respond to the scene and evaluate the individual.
- B. Officers may provide transportation for individuals who voluntarily and of their own free will request to go to Wake County Crisis and Assessment Services to speak with a counselor.
- C. Officers will accompany the consumer into the center and speak with a receptionist or other staff member about the reason the consumer wanted to come to the center.
- D. Officers may leave the consumer at Crisis and Assessment Services, but under voluntary commitment conditions, the consumer is not required to stay for evaluation.