



POLICY/PROCEDURE NUMBER: 10-S.O.-022 Page 1 of 7 with one Appendix

SUBJECT: POLICE RESPONSE TO PERSONS SUFFERING FROM MENTAL ILLNESS

EFFECTIVE DATE: January 7, 2015

REVIEW DATE: January 7, 2016

AMENDS/SUPERSEDES: Procedural Directive 2002-001: *Police Response to People with Mental Illness (5150 situations)*, issue date 11/14/2002; January 27, 2010 version; February 16, 2011 version; October 8, 2012 version; January 8, 2014 version.

IACLEA STANDARDS: 9.2.6

CSU POLICE DEPARTMENTS SYSTEMWIDE OPERATIONAL GUIDELINE: Yes

APPROVED: Anne P. Glavin, Chief of Police

I. PURPOSE

To provide operational procedures for dealing with mentally ill persons to include reporting and transportation guidelines.

II. POLICY

It is the policy of this department to handle the mentally ill with as much care and sensitivity as possible under the individualized circumstances of each encounter. It is also the responsibility of each employee to ensure that mentally ill persons do not harm themselves or others and when direct police action is required, that action shall be taken with regard to the mental condition of the party.

III. PROCEDURES

A. Responsibilities for Dealing with Persons Suffering from Mental Illness:

1. Whenever possible, mentally ill persons shall be considered a medical, rather than a police problem. Whenever possible, all resources of the University, including the Student Health Center and Counseling Services shall be utilized in dealing with the mentally ill individual. Officers shall make themselves familiar with and be able to recognize the following ten warning signs of mental illness:

- a. Marked personality change.

- b. Inability to cope with problems and daily activities.
 - c. Strange or grandiose ideas
 - d. Excessive anxieties
 - e. Prolonged depression and apathy
 - f. Marked changes in eating or sleeping patterns
 - g. Thinking or talking about suicide
 - h. Extreme highs or lows
 - i. Abuse of alcohol or drugs
 - j. Excessive anger, hostility or violent behavior
2. When officers are conducting an investigation to determine if a mentally ill person is a danger to his/herself or others, the following elements should be taken into account, but not be limited to:
- a. Obtaining background information on the mentally ill person from family members, roommates, instructors/staff members, other witnesses, etc. Officers should also consult with counseling center and/or student health center staff to the extent possible given the confidential nature of patient/client information.
 - b. Officers should take into consideration statements from all sources (i.e., witnesses, friends, teachers, etc.) and not just statements made from the mentally ill person.
 - c. When a request for a 5150 hold comes from the counseling office, officers will respond to the counseling office and obtain background information on the individual patient's case from the staff. Counseling staff are required to provide officers with enough information to confirm that a 5150 hold is necessary. There are no confidentiality concerns that should prevent sufficient information being provided to the detaining officer regarding a person being a threat to his/herself or others.
 - d. In the event the responding officer feels that not enough evidence is present to support a 5150 WIC detention and the counseling center staff or other responsible/involved party is insistent that the person be taken on a 5150 WIC hold, the officer shall request the shift supervisor to respond and render a decision on the facts/situation present and how best to proceed.
3. Officers should use the following guidelines for interacting with people with mental illnesses in crisis situations:
- a. Remember that a person with mental illness has the same rights to fair treatment as anyone else.
 - b. Continually assess the situation for dangerousness.
 - c. Maintain adequate space between you and the subject.
 - d. Be calm.
 - e. Be helpful. In most cases, people with mental illnesses will respond to questions concerning their basic needs (e.g. safety). Ask: "What would make you feel safer/calmer?"

- f. Give firm, clear directions. The individual is probably already confused and may have trouble making even the simplest decision. If possible, only one person should talk to the individual.
- g. Respond to apparent feelings, rather than content. –You look scared.
- h. Respond to delusions and hallucinations by talking about the persons feelings rather than what he or she is saying. –“That sounds frightening. I can see why you are angry.”

Officers should refrain from using the following tactics:

- i. Deceive the individual. Being dishonest increases fear and suspicion; the subject will likely discover the dishonesty and remember it in any subsequent contacts.
 - j. Arrest an individual for behavioral manifestation of mental illness that is not criminal in nature.
 - k. Join into behavior related to the person’s mental illness i.e. agreeing/disagreeing with delusions/hallucinations.
 - l. Stare at the individual. This may be interpreted as a threat.
 - m. Confuse the individual. One person should interact with the subject. If a direction or command is given, follow through.
 - n. Touch the individual. Although touching can be helpful so some people with mental illnesses, it may cause more fear and can lead to violence.
 - o. Give a person multiple choices. This increases the individual’s confusion.
 - p. Whisper, joke, or laugh. This increases the individual’s suspiciousness and increases the potential for violence.
5. If, upon arrival, the responding officer determines that the person is not a danger to him/herself or others, but nevertheless requires medical attention, the responding officer shall advise Dispatch to contact LAFD and request a rescue unit to respond to the scene.

B. Police Action Directed at the Mentally Ill Involved in Criminal Activity

- 1. Officers shall abide by and adhere to the provision set forth in the Welfare and Institutions Code pertaining to the custody and detention of person described in Section 5150 of the Welfare and Institutions Code (WIC).
- 2. When the mentally ill individual appears to have been involved in criminal activity as a result of, or in response to, his or her disorder, the detaining officer shall document this criminal activity on the appropriate crime report and perform other police functions such as the collection and preservation of evidence, as required.
 - a. When responding to, or initiating investigations into criminal activity, officers will label the investigation as to the type of criminal activity involved regardless of whether the suspect appears to meet the requirements of Section 5150 WIC.

- b. If the activity is of a serious and/or violent nature, the criminal booking process shall be completed at Los Angeles County Hospital/Inmate Reception Center (IRC).
 - c. If the criminal activity is of a minor or nonviolent nature, the mentally ill individual may be transported and admitted directly into a medical care facility, and if the situation warrants a later filing made on the criminal charges.
 - d. If the suspect is in such an obvious mental state that the jail does not accept that person, then the suspect should be lodged at Los Angeles County Hospital/IRC with criminal charges pending.
 - e. Reports carried as section 5150 WIC are non-criminal in nature.
3. If it is necessary to take an individual into custody under the provisions of Section 5150 WIC, the following procedures shall apply:
- a. Persons taken into custody under Section 5150 WIC shall be searched prior to any transportation, and if contraband is discovered, it shall be booked into evidence.
 - b. Restraints, other than handcuffs, shall not be utilized unless the individual is violent or potentially violent in the opinion of the detaining officer.
 - c. Officers however, shall take whatever action is reasonably necessary to protect themselves or others from harm, and therefore, may use that force which is reasonably necessary to affect the required detention.
 - d. The mentally ill person shall be transported to a local medical care facility for evaluation and appropriate treatment. Northridge Hospital, Olive View Medical Center, and Tarzana Hospital are acceptable local medical care facilities depending on the patient's health care coverage status. An exception may arise if the on-campus medical physician or counseling services counselor requests or designates transportation to some other specific location. If such is the case the detaining officer may, if possible, abide by these directions with the approval of the shift supervisor. The handling officer shall make a note of this request in the RIMS report.
 - i. Upon arrival at a medical care facility, the detaining officer shall complete all required hospital paperwork, being sure to include in the body of the main report, details substantiating the allegation that the subject is, due to a mental disorder, a danger to themselves or others, or is disabled to such a degree that he/she is unable to provide for their basic personal needs (i.e., food, clothing, or shelter).
 - ii. The officer shall request that the medical care facility notify the university police by telephone when the individual is released.
 - e. Officers taking a person into custody for evaluation must take precautions to safeguard the person's personal property if no responsible person is in possession, and must make a report to the

court of the disposition, as specified in subsection “e” of WIC 5150. The officer must also give the 5150 detainee a specified verbal or written admonition, in the language “accessible” to him or her as specified within subsection “f” of WIC 5150. The Language Line should be contacted to assist in providing a 5150 detainee the admonition in a language other than English and Spanish. English and Spanish translations are available in written form for the detainee to read.

- f. Upon release of a mentally ill student to a hospital during regular campus hours of operation, the handling officer is to call the Student Counseling Center front desk (818-677-2366, press option 1) and advise the receptionist of the student’s name, nature of the call, and what hospital he/she was released to. After hours, the handling officer is to call the Counseling Center’s Protocol service (818-677-2366, press option 3) and leave a message indicating the nature of the call, the student’s name, and current hospital information.
- g. Officers taking a person into a 5150 WIC hold shall notify the Detective Sergeant, Special/Sensitive Crimes of the detention via email.

C. Police Action for Mentally Ill – Non-Criminal Activity

- 1. In response to a call for service by the CSUN Counseling Center, once the officer is satisfied that the situation warrants a 5150 hold, a conversation between the officer and the attending counselor should ensue as to whether or not handcuffs are necessary for transport. In any situation where there is a risk of violent behavior or there is a question that leaves open the possibility of violent behavior, the officer should make a decision to handcuff the patient.

However, if the patient is simply depressed and not violent, and in the opinion of the counselor handcuffs would be detrimental to the mental well being of the patient, the officer should consider not handcuffing the patient. While the decision to handcuff or not will rest with the transporting officer, officers are expected to make a well informed decision that takes into consideration the patient’s well-being along with officer safety.

- 2. If an officer decides to handcuff a patient against the wishes of the counselor, the counselor has the right to ask for a review of the situation from the Shift Supervisor prior to transport. If this happens, the Shift Supervisor should take into consideration the officer’s perspective for handcuffing and the counselor’s reasons against handcuffing. The Shift Supervisor will make the final decision.
- 3. In situations where patients are handcuffed, every means will be taken to be sensitive to the visibility of the handcuffs when walking the patient to the police vehicle. If the patient has a jacket or piece of clothing that can be put around the patient to block the sight of the handcuffs, officers will

work with the counselor to do so. If no clothing is available, a blanket wrapped around the patient will suffice. The point of this procedure is to not have the patient feel like or be portrayed as a criminal.

4. Counseling staff will, whenever possible, accompany patients on all 5150 transports. This will help calm the patient during the transport and facilitate entry processing at the hospital on arrival.
5. Sections III.B.1 and III.B.3 of this policy also apply to those detained and taken into custody for 5150 WIC but not involved in criminal activity.

D. Reporting Incidents Concerning the Mentally Ill:

1. All incidents involving a mentally ill person (whether or not transported and admitted to a medical care facility under the authority of 5150 WIC) shall be documented by the responsible officer in a RIMS report.
2. Officers will also complete in its entirety the Welfare and Institutions Code Application for 72 Hour Detention for Evaluation and Treatment form (MH302 8/98) when an individual is committed for treatment at any hospital or mental health facility. This includes a requirement that the detaining officer read the 5150 WIC detainment advisement to the person detained. (See Appendix "A" for further details.)

E. Training:

California Peace Officer Standards and Training (POST) provides a "Recognizing Mental Illness – A Proactive Approach" entry level training program which is taught as a mandated course to all police cadets in a California police academy. A 2-hour refresher DVD version of this program is also available to law enforcement agencies who wish to administer it to agency personnel through their department training coordinators. This department requires that the POST refresher training DVD is provided to sworn personnel every two (2) years (recurring biennially).

F. Firearms and Other Involved Weapons:

Whenever a person has been detained or apprehended for examination pursuant to 5150 WIC, the handling officer should seek to determine if the person owns or has access to any firearm or other dangerous weapon. Any such firearm or other deadly weapon should be confiscated in a manner consistent with current search and seizure laws per 8102(a) WIC. Procedures for confiscating a firearm or weapon and/or releasing a confiscated firearm or weapon, refer to Department policy 08-S.O.-014 (Domestic Violence), Section X, subsections B and C; and Department policy 06-C.I.-003 (Property and Evidence Packaging and Control), Sections J and K.

For confiscation of firearms and/or weapons outside the authority of 8102(a) WIC (i.e., plain view, warrant, etc.), refer to Department policy 08-L.E.-014 (Legal and Constitutional Authority for Search and Seizure, Interviews/Interrogation, and Arrest).

IV. APPENDIX

- A. L.A. County Department of Mental Health Application for 72-Hour Detention for Evaluation and Treatment form (# MH 302 NCR)

Appendix "A"

<p>Los Angeles County Department of Mental Health – MH 302 NCR APPLICATION FOR 72-HOUR DETENTION FOR EVALUATION AND TREATMENT <i>Confidential Client / Patient Information</i> See California Welfare and Institutions Code (W & I) Code, Section 5328 W & I Code, Section 5157, requires that each person when first detained for psychiatric evaluation be given certain specific information orally, and a record be kept of the advisement by the evaluating facility.</p>	<p style="text-align: right;">04/01/09</p> <p style="text-align: center;">DETAINMENT ADVISEMENT</p> <p>My name is _____ I am a (Peace Officer, etc.) with (Name of Agency). You are not under criminal arrest, but I am taking you for examination by mental health professionals at (Name of Facility). You will be told your rights by the mental health staff.</p> <p>NOTE: If taken into custody at his or her residence, the person shall also be told the following information in substantially the following form: <i>You may bring a few personal items with you which I will have to approve. You can make a phone call and/or leave a note to tell your friends and/or family where you have been taken.</i></p>			
<p><input type="checkbox"/> Advisement Complete <input type="checkbox"/> Advisement Incomplete</p> <p>Good Cause For Incomplete Advisement _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Advisement Completed By: _____</td> <td style="width: 15%;">Position _____</td> <td style="width: 15%;">Date _____</td> </tr> </table>	Advisement Completed By: _____	Position _____	Date _____
Advisement Completed By: _____	Position _____	Date _____		

Application is hereby made to _____ for the admission of
 _____ residing at _____, California, for
 72-hour treatment and evaluation pursuant to Section 5150 et seq. (adult), or Section 5585 et seq. (minor), of the **W & I Code**. If a minor,
 to the best of my knowledge, the legally responsible party appears to be/is: (Circle one) Parent; Legal Guardian; Juvenile Court as a
W & I Code, Section 601/ 302; Conservator. If, available provide names, addresses and telephone numbers, as well as for the
 Conservator of an adult:

The above person's condition was called to my attention under the following circumstances:

The following information has been established: (Please give sufficiently detailed information to support the belief that the person for
 whom the evaluation and treatment is sought is in fact a danger to others, a danger to himself/herself and/or gravely disabled. For
 minors detained under **W & I Code, Section 5585**, please also provide the basis for concluding that authorization for voluntary treatment
 is not available.

Based upon the above information it appears that there is probable cause to believe that said person is, as a result of mental disorder:
 A danger to himself / herself **A danger to others** **Gravely disabled adult** **Gravely disabled minor**

Minors only: Based upon the above information, it appears that there is probable cause to believe that authorization for voluntary treatment
 is not available.

Peace Officer/Member of Attending Staff of Evaluation Facility/Person Designated by County Signature _____	Title _____	Badge # _____	Date: _____
			Time: _____
Name of Law Enforcement Agency or Evaluation Facility/Person: _____		Phone: _____	For patients in medical ER's, detention began: Date: _____ Time: _____
Address of Law Enforcement Agency or Evaluation Facility/Person: _____			

Weapon was confiscated and detained person notified of procedure for return of weapon pursuant to W & I Code Section 8102.
 (officer/unit & phone #) _____

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

NOTIFICATION OF PERSON'S RELEASE FROM AN EVALUATION AND TREATMENT FACILITY IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:

- Person has been referred under circumstances in which criminal charges might be filed pursuant to W & I Code Section 5152.1 and 5152.2.
 Notify (officer/unit & phone #) _____
- Weapon was confiscated pursuant to W & I Code Section 8102.
 Notify (officer/unit & phone #) _____

SEE REVERSE SIDE FOR LEGAL AUTHORITY

Appendix "A – continued"

Original: Accompany Client

Copy: Clinical Record

DEFINITIONS**GRAVELY DISABLED**

"Gravely Disabled" means a condition in which a person, as a result of a mental disorder, is unable to provided for his or her basic personal needs for food, clothing and shelter. SECTION 5008 (h) W & I CODE

"Gravely Disabled Minor" means a minor who, as a result of a mental disorder, is unable to use the elements of life which are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the minor by others. SECTION 5585.25 W & I CODE

Mental retardation, epilepsy, or other developmental disabilities, alcoholism, other drug abuse, or repeated antisocial behavior do not by themselves, constitute a mental disorder.

PEACE OFFICER

"Peace Officer" means a duly sworn peace officer as that term is defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code who has completed the basic training course established by the Commission on Peace Officer Standards and Training, or any parole officer or probation officer specified in Section 830.5 of the Penal Code when acting in relation to cases for which he or she has a legally mandated responsibility. SECTION 5008 (i) W & I CODE

WELFARE & INSTITUTIONS CODE SECTIONS 5152.1, 5152.2, 5585 AND 8102**Section 5152.1 WIC**

The professional person in charge of the facility providing 72-hour evaluation and treatment, or his designee, shall notify the county mental health director or his designee and the peace officer who makes the written application pursuant to Section 5150 if both of the following conditions apply:

(a) The peace officer requests such notification at the time he makes the application and he certifies in writing that the person has been referred to the facility under circumstances in which a criminal charge might be filed.

(b) The person admitted pursuant to such application is not detained by the facility or is detained for a period less than the full period of allowable detention in the 72-hour facility.

Section 5152.2 WIC

Each law enforcement agency within a county shall arrange with the county mental health director a method for giving prompt notification to peace officers pursuant to Section 5152.1.

Section 5585 et seq. WIC

WIC Section 300 is a minor who is under the jurisdiction of the Juvenile Court because of abuse (physical or sexual), neglect or exploitation.

WIC Section 601 is a minor who is adjudged a ward of the Juvenile Court because of being out of parental control.

WIC Section 602 is a minor who is adjudged a ward of the Juvenile Court because of crimes committed.

Section 8102 WIC (EXCERPTS FROM)

Whenever a person who has been detained or apprehended for examination of his or her mental condition or who is a person described in Section 8100 or 8103, is found to own, have in his or her possession or under his or her control, any firearm whatsoever, or any deadly weapon, the firearm or other deadly weapon shall be confiscated by an law enforcement agency or peace officer, who shall retain custody of the firearm or other deadly weapon. . . .

Where the person is released without judicial commitment, the professional person in charge of the facility, or his or her designee, shall notify the person of the procedure for the return of any firearm or other deadly weapon that may have been confiscated.

Upon confiscation of any firearm or other deadly weapon from a person who has been detained or apprehended for examination of his or her mental condition, the peace officer or law enforcement agency shall notify the person of the procedure for the return of any firearm or other deadly weapon which has been confiscated.

Health facility personnel shall notify the confiscating law enforcement agency upon release of the detained person, and shall make a notation to the effect that the facility provided the required notice to the person regarding the procedure to obtain return of any confiscated firearm.

HEALTH AND SAFETY CODE 1799.111 (d)

A person detained under this section in a medical emergency room shall be credited for the time detained, up to twenty-four hours, in the event he or she is placed on a 72-hour hold pursuant to Section 5150 of the Welfare and Institutions Code.