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**CSU FULLERTON POLICE DEPARTMENT
GENERAL ORDER NUMBER 5-8**

RESPONDING TO PERSONS WITH MENTAL ILLNESS

SUBJECT: Handling a person with mental illness

PURPOSE: To provide guidelines for the recognition and appropriate handling of individuals exhibiting possible mental illness.

POLICY: Dealing with individuals in enforcement and related contexts who are known or suspected to be mentally ill carries the potential for violence, requires an officer to make difficult judgments about the mental state and intent of the individual, and requires special police skills and abilities to effectively and legally deal with the person so as to avoid unnecessary violence and potential civil litigation. Given the unpredictable and sometimes violent nature of the mentally ill, officers should never compromise or jeopardize their safety or the safety of others when dealing with individuals displaying symptoms of mental illness. In the context of enforcement and related activities, officers shall be guided by this state's law regarding the detention of the mentally ill. Officers shall use this policy to assist them in defining whether a person's behavior is indicative of mental illness and dealing with the mentally ill in a constructive and humane manner.

PROCEDURES:

I. Definitions:

- A. Mental Illness:** Any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.
- B. Application for 72-Hour Detention:** An official written request to a medical facility with the ability to evaluate an individual's mental health, which is made by a law enforcement officer by use of an application for 72-hour detention form (Mental Health Form #302-3) (commonly referred to as a 5150 Welfare and Institutions Code (WIC) Form), wherein it is believed that the person is a danger to themselves or others, and the officer has requested an evaluation and treatment of the person.
- C. Self-committal:** A voluntary action or request by a suspected or actual mentally ill person, wherein they believe they are in need of mental health treatment, and desire voluntary placement or commitment into a mental health facility.

II. Recognizing abnormal behavior/persons exhibiting possible mental illness:

- A. Mental illness is often difficult for even the trained professional to define in a given individual. Officers are not expected to make judgments of mental or emotional disturbance but rather to recognize behavior that is potentially destructive and/or dangerous to themselves or others. [CALEA 41.2.7a]
- B. The following are generalized signs and symptoms of behavior that may suggest mental illness although officers should not rule out other potential causes such as reactions to narcotics or alcohol 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 judgments about an individual's mental state and need for intervention absent the commission of a crime. [CALEA 41.2.7a]
1. *Degree of Reactions.* Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.
 2. *Appropriateness of Behavior.* An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents his/her frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.
 3. *Extreme Rigidity or Inflexibility.* Mentally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.
 4. In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:
 - a. Abnormal memory loss related to such common facts as name, home address, (although these may be signs of other physical ailments such as injury or Alzheimer's disease);
 - b. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur or paranoid delusions;
 - c. Hallucinations of any of the five senses (e.g. hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.);
 - d. The belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time;
 - e. Extreme fright or depression.
- C. Determining Danger: Most mentally ill persons are not dangerous, while some may represent danger only under certain circumstances or conditions. Officers may use several indicators to determine whether an apparently mentally ill person represents an immediate or potential danger to him/herself, the officer, or others. These include the following [CALEA 41.2.7a]:
1. The availability of any weapons to the suspect.
 2. Statements by the person that suggest to the officer that the individual is prepared to commit a violent or dangerous act. Such comments may

- range from subtle innuendos to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.
3. A personal history that reflects prior violence under similar or related circumstances. The person's history may be known to the officer, or family, friends, or neighbors may be able to provide such information.
 4. Failure to act prior to arrival of the officers does not guarantee that there is no danger, but it does in itself tend to diminish the potential for danger.
 5. The amount of control that the person demonstrates is significant, particularly the amount of physical control over emotions of rage, anger, fright or agitation. Signs of a lack of control include extreme agitation, inability to sit still or communicate effectively, staring fixedly, and rambling thoughts and speech. Clutching one's self or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.
 6. The volatility of the environment is a particularly relevant factor that officers must evaluate. Agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account.
- D. Taking Custody or Making Referrals: Based on the overall circumstances and the officer's judgment of the potential for violence, the officer may provide the individual and family members with referrals on available community mental health resources or take custody of the individual in order to seek an involuntary emergency evaluation. The following procedures for accessing available community mental health resources should be followed [CALEA 41.2.7b]:
1. Make mental health referrals when, in the best judgment of the officer, the circumstances do not indicate that the individual must be taken into custody for his/her own protection or the protection of others or for other reasons as specified by state law. These voluntary committals should be directed to their primary mental health provider, or to one of the mental health facilities listed in appendix (1).
 2. Summon Watch Commander prior to taking into custody a potentially dangerous individual who may be mentally ill or an individual who meets other legal requirements for involuntary admission for mental examination. If needed, summon available crisis intervention specialists to assist in the custody and admission procedures.
 3. Once a decision has been made to take an individual into custody, do it as soon as possible to avoid prolonging a potentially volatile situation. Remove any dangerous weapons from the immediate area, and restrain the individual. Sometimes it is better to keep talking to an individual than to take immediate action to take a person into custody. Officers should remember to try not to touch a person unless to search or take into custody.

4. Using restraints on mentally ill persons can aggravate their aggression. Officers should be aware of this fact, but should take those measures necessary to protect their safety
 5. An Incident Report will be completed whether or not the individual is taken into custody. Ensure that the report is as explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. Terms such as out of control or psychologically disturbed should be replaced with descriptions of the specific behaviors involved. The reasons why the subject was taken into custody or referred to another agency should be reported in detail.
 6. All persons placed under a 72-hour detention will be transported by the Police Department to the Emergency Treatment Services Center (ETS) or College Hospital (Sections III and IV) for evaluation unless otherwise directed by the Watch Commander.
- E. Guidelines for officers to follow in dealing with persons they suspect are mentally ill. Upon being dispatched to a suspected mentally ill person, the officer will, at a minimum, do the following [CALEA 41.2.7c]:
1. Request a back up officer.
 2. Ascertain as much information as possible when responding to the call.
 3. If possible, contact back up officer prior to arrival and arrive together.
 4. Upon making the scene safe, obtain all available facts and circumstances surrounding the call.
 5. Move the person to a quiet, calm, and secure location, when possible
 6. Attempt to calm the person.
 7. Conduct pat-down for weapons.
 8. Obtain medical/mental history, if possible.
 9. Determine if a crime has occurred.
 10. Determine if medical services are required.
 11. Conduct in-field evaluation of person to determine if a 72-hour detention is required.
 12. If a 72-hour detention is required, transport as required.
- F. Contacts with the mentally ill in the field, interviews, and interrogations. Officers should take the appropriate safety measures in the field, as well as during interviews and interrogations, when dealing with potential mentally ill persons. Should the officer determine that an individual may be mentally ill and a potential threat to him/herself, the officer, or others, or may otherwise require law enforcement intervention for humanitarian reasons as prescribed by statute, the following responses may be taken [CALEA 41.2.7c]:
1. Request a backup officer, and always do so in cases where the individual will be taken into custody. There should be two officers present when conducting interviews and interrogations of possible mentally ill persons.
 2. During street contacts, interviews, and interrogations, take steps to calm the situation. When possible, eliminate emergency lights, and sirens, disperse crowds, and assume a quiet non-threatening manner when

- approaching or conversing with the individual. Where violence or destructive acts have not occurred, avoid physical contact, and take time to assess the situation. Conduct all interviews and interrogations in a quiet and secure location, when possible.
3. Communicate with the individual in an attempt to determine what is bothering him/her. Relate your concern for his/her feelings and allow him/her to ventilate his/her feelings. Where possible, gather information on the subject from acquaintances or family members and/or request professional assistance if available and appropriate to assist in communication with and calming the person.
 4. Do not threaten the individual with arrest or detention as this may create additional fright, stress, and potential aggression.
 5. To the extent possible, avoid topics that may agitate the person and guide the conversation towards subjects that help bring the individual back to reality.
 6. Always attempt to be truthful with a mentally ill individual. If the subject becomes aware of a deception, he may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.
 7. Alternatives to arrest should be considered to ensure the best treatment options are used, and to keep those with mental illnesses out of the criminal justice system.
 8. If in doubt regarding future admissibility of statements made by possible mentally ill persons, when practical, officers should consult with the District Attorney prior to/ or during such interview/interrogations process.
- G. Transporting mentally ill individuals: Once the determination is made to transport an individual for 72-hour evaluation, the officer should take the following action [CALEA 41.2.7c]:
1. Dispatch two (2) officers to transport.
 2. Determine the mode of transportation; ambulance or patrol vehicle based on the needs and demeanor of the individual. If the person is transported by ambulance, one officer will physically ride in the ambulance, and one officer to follow the ambulance.
 3. Determine if the patient has weapons on their person or in their personal effects.
 4. Handcuff the person.
 5. Transport all personal effects in the trunk, out of the reach of the patient.
 - a. Officers will assist mentally ill **self-committed** patients in obtaining transportation to a mental health facility if needed. If the need arises, officers may transport self-committal persons to local area mental health facilities on a case by case basis, and only as a last resort. All officer transports to mental health facilities must be approved by the Watch Commander prior to the transport.

- b. Officers will follow the guidelines as established in General Order 3-9, "Detainee Transportation" when transporting mentally ill persons in Department vehicles.
 6. Upon arrival at the destination, advise the receiving agency of any pat down results or presence of any devices in personal effects which could be used as a weapon.
 7. Provide the hospital with the application for 72-hour detention.
- III. Orange County Health Care Agency Services [CALEA 41.2.7b]
- A. The Orange County Health Care Agency Mental Health Services provides an Emergency Treatment Services Center (ETS) and an Outpatient Clinic.
 1. The ETS Center provides 24-hour on-duty physicians.
 2. Both the ETS Center and the outpatient clinic have duty officers.
 3. ETS Center personnel are available to assist law enforcement agencies 24 hours a day, seven days a week.
 - B. The Fullerton Outpatient Clinic operates on a Monday through Saturday 8 a.m. to 5 p.m. schedule.
- IV. College Hospital at 301 Victoria Street in Costa Mesa will assist with evaluations and accept self commitment patients if they have room. Phone Number to contact (800) 773-8001 available 24 hours a day [CALEA 41.2.7b].
- V. If the subject is in need of psychiatric evaluation you may do one of the following [CALEA 41.2.7b]:
- A. If the subject is a student or university employee, you may call the on-call counselor at Counseling and Psychological Services (CAPS) during usual business hours, who will assist you with step B below, or if CAPS is unavailable, go directly to step B. The CAPS counselor will conduct an initial evaluation and speak with the duty officer at the outpatient clinic in Fullerton or at ETS. You would then proceed either to step B or step E (if it is determined that the student has private mental health insurance and will consider a voluntary hospitalization).
 - B. Call the County Outpatient Clinic in Fullerton (714) 447-7000 and ask for the duty officer. They will determine whether a mental health team is available for response to campus or whether the subject should be transported to the Clinic at 211 W. Commonwealth, City of Fullerton, Behavioral Health Services, hours of operation are Mon-Thurs 0800-1800 and Friday 0800-1700.
 - C. Use the rear entrance by driving into the rear alley. The mental health office is the first door on the left after making entry into the building. If the subject is accepted, the clinic will make arrangements for transportation to the ETS Center. If the County Outpatient Clinic in Fullerton is not available, then proceed to step D.

- D. Call the ETS Center at (714) 834-6900, ask for the duty officer and advise them of the circumstances. They will evaluate the potential for a 5150 W&I 72-hour detention and assist CSUF Police Officers with making a determination about transportation. Ensure that the attached checklist is completed and that ETS is fully advised of the situation. If they agree to admit the subject, arrange for transportation by ambulance. Direct the ambulance to transport the subject to 1030 W. Warner Ave. City of Santa Ana (cross streets, Bristol and Warner). If ETS is not able to admit the subject, then proceed to step E.
- E. Call the Crisis Assessment Team (CAT) at 1866-830-6011. And request a response for a psychiatric evaluation. Although the CAT will accept calls from Dispatchers, private parties etc., the person with the most knowledge of the subject in question (Name, DOB, circumstances) should call the CAT as pre-response questions will be asked of the caller
- F. A private hospital PET team may be called. Most hospitals, however, will want a financially responsible person to agree to sign for fees for service. The University and/or Police Department will NOT accept any such responsibility. The hospital PET team will not accept indigent care coverage and will usually require health care hospitalization plan pre-authorization. Not all plans provide for psychiatric treatment. Note: College Hospital has one of the only private PET teams, but these teams may only be able to respond if the subject is already at a hospital ER.
- G. Another option is to work with SHCC or CAPS personnel to determine if the student or staff member has private insurance and is willing to be voluntarily admitted to a private psychiatric hospital. A 5150 detention would then be unnecessary, but a staff person will need to help the student or staff contact his or her insurance company to obtain pre-authorization for the hospitalization and transportation may be provided by CSUF Police.
- H. Note: If subject is intoxicated or under the influence of drugs, he or she probably will not meet the requirements for a 5150 detainment. Consider an arrest, with detainment through the Fullerton Police Department, until the effects of the alcohol or drugs have lessened. A 5150 evaluation could then be undertaken to determine if further detainment through ETS is still warranted.
- VI. Evaluation Checklist
- A. Verify the subject's identity and obtain date of birth, Social Security Number, home address, home telephone number, and next of kin if possible. [CALEA 41.2.7b]
- B. Any injuries to the subject requiring medical clearance by a hospital emergency room physician must be treated before proceeding to a 72-hour detention and evaluation. [CALEA 41.2.7b]
- C. Intoxication alcoholic beverage: Use PAS device to determine if BAC is above 0.15%. Subject must be processed for detoxification or held in holding area under observation until below 0.15% BAC before transporting to ETS.

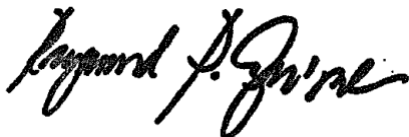
[CALEA 41.2.7b]

- D. Drug intoxication: Requires medical clearance by a hospital emergency room physician before transportation to ETS. [CALEA 41.2.7b]
 - E. Determine if subject has had previous commitments (either in or out of county) or has been seen recently by a physician, psychiatrist or mental health professional. [CALEA 41.2.7b]
 - F. Detainment advisement (Part of the 72-hour application form): Complete advisement. If not possible, ensure the Incident Report indicates reasons why not completed. [CALEA 41.2.7b]
 - G. Complete inspection of personal property: Check for items of contraband (illegal drugs) and weapons (knives, firearms, etc.)
- VII. Firearms and dangerous weapons seizures: Firearms or other dangerous weapons seized due to a person being detained for a 72-hour evaluation may be held for a period of not more than 30 days, unless otherwise directed by a judge. [CALEA 41.2.7c]
- VIII. Training requirements [CALEA 41.2.7c]:
- A. Sworn officers will receive training on handling persons with mental illness as part of the curriculum taught at the basic academy. [CALEA 41.2.7d]
 - B. All personnel will receive documented initial Department training on the procedures established in this written directive and they will also receive periodic training when new techniques for dealing with mentally ill persons are developed, changes in laws occur, or there are changes in local area community mental health facility policies and procedures.
 - C. All personnel will receive documented refresher training in handling of mentally ill persons at least every three years. [CALEA 41.2.7e]

REVIEWED BY:

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