Apex Police Department
General Order

Title	Order Number
Interactions with the Mentally Ill	904-20
Effective Date: September 25, 2020	**Amends:** General Order 904-13
CALEA Standard: 1.1.3, 41.2.7	**Rescinds:**
Reference: NCGS 122C-251 (d)(e) NCGS 122C-266	**Pages:** 9
Forms: F904 –CIT Report F904a – Community Resource Referrals	

Interaction with the Mentally Ill

Purpose

The purpose of this directive is to guide police personnel in assisting persons seeking voluntary or involuntary commitment to a mental health facility.

Policy

The Apex Police Department is committed to providing the highest quality of service for all. Persons we interact with who are experiencing a mental health crisis or condition will receive a holistic based response with the goal of identifying the most appropriate resource to support a positive resolution for the person in the least coercive manner possible. The department accomplishes this through partnerships with community mental health providers and our on-going commitment to train and certifying officers in Crisis Intervention Training (CIT), and non-sworn staff in mental health first aid awareness courses. The department has also committed to incorporate the tenants of the International Association of Chiefs of Police (IACP) "One Mind Campaign."

Definitions

24-Hour Facility – A facility that provides a structured living environment and services for a period of 24 consecutive hours or more. The privately operated 24-hour facility in Wake County is Holly

Hill/Charter Behavioral Health System Hospital and the state operated 24-hour facility is Butner Hospital in Granville County.

CIT Coordinator – A staff member appointed by the Chief of Police to review CIT reports, schedule CIT training for department staff, and serve as the department's liaison at CIT Leadership meetings. The CIT Coordinator is responsible for sharing pertinent information and providing input or questions to the CIT leadership.

Crisis Intervention Leadership Team – A team comprised of a CIT Coordinator and/or CIT officer from public safety (i.e. police, fire, ems) and local mental health service representatives. The team meets quarterly to collaboratively discuss issues encountered by attendees. The goal for the team is to develop solutions that help the partnering organizations serve the community and enhance services available to consumers.

CIT Officer – Officers who are specially trained and certified by a CIT program designed to improve officers' ability to safely intervene, link individuals to mental health services, and divert them from the criminal justice system when appropriate. (**SOURCE:** National Alliance on Mental Health NAMI)

Crisis Intervention Training (CIT) – Training designed to assist law enforcement by providing guidance for steps to support enhancing interactions between law enforcement and those living with a mental illness **(SOURCE:** National Alliance on Mental Health NAMI).

Involuntary Emergency Commitment – A mental commitment executed by an officer without a commitment order on file.

Involuntary Non-emergency Commitment – A mental commitment executed by an officer in accordance with an involuntary commitment order issued by a magistrate or clerk of court.

Mental Commitment – For the purpose of this order, taking custody of and transporting an individual in need of a mental health evaluation and treatment.

Mental Health First Aid – A public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders (**SOURCE:** National Alliance on Mental Health NAMI).

Mental Illness – An illness that lessens the capacity of an individual to exercise self-control, judgment, and discretion in the conduct of his/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.

One Mind Campaign – An initiative that seeks to ensure successful interactions between police officers and persons affected by mental illness. It focuses on uniting local communities, public

safety organizations, and mental health organizations so that the three become "of one mind." To join the campaign, law enforcement agencies must pledge to implement four promising practices over a 12 to 36 month period. These practices include: establishing a clearly defined and sustainable partnership with a community mental health organization, developing a model policy to implement police response to persons affected by mental illness, training and certifying sworn officers and selected non-sworn staff in mental health first aid training or other equivalent mental health awareness course, and providing crisis intervention team training.
(**SOURCE**: IACP One Mind Campaign https://www.theiacp.org/projects/one-mind-campaign)

Substance Abuse – Any person subject to involuntary commitment due to substance abuse, who is violent, and requires restraint, may be taken into immediate custody when a delay in medical or psychological attention would likely endanger life or property. The officer will execute the affidavit required by law and swear to the person's condition and behavior. If the magistrate approves the affidavit, the officer will take the person directly to the appropriate 24-hour facility.

Voluntary Commitment – The mental commitment of a person who independently and personally decides to be admitted to a treatment facility.

Procedure

Recognition of Persons Suffering from Mental Illness (41.2.7 (a))

1. The presence of a mental illness is often difficult to determine in an individual. Department personnel are not expected to make determinations of mental or emotional disturbance, but rather to recognize behavior that is potentially destructive and/or dangerous to oneself or others. The following guidelines are generalized signs and symptoms of behavior that may suggest the presence of a mental condition or illness.

2. Department personnel should not rule out other potential causes including, but not limited to:
    - Reactions to a controlled substance
    - Reactions to alcohol
    - Temporary emotional disturbances that are situationally motivated

3. Department personnel should be aware of related symptomatic behavior in the total context of the situation when making judgments about a person's mental state and need for assistance or intervention; absent the commission of a crime during interactions with individuals. Symptomatic behaviors to be aware of may include, but not be limited to:
    - Fear of persons, places, or things
    - Inappropriate behavior such as acting out; exhibiting loud, abusive and/or profane language; or physically attacking others
    - Frustration in new or unforeseen circumstances and demonstrating inappropriate or aggressive behavior in dealing with the situation

- Abnormal memory loss related to such common facts as name, home address, etc.
- Delusions, the belief in thoughts or ideas that are false (such as delusions of grandeur), or paranoid delusions ("Everyone is out to get me")
- Hallucinations of any of the senses (hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.)
- The belief that one suffers from extraordinary physical conditions that are not possible, such as a person who is convinced that his/her heart has stopped beating for extended periods of time
- Obsession with recurrent and uncontrolled thoughts, ideas, and images
- Extreme confusion, fright, or depression

4. Signs a person is experiencing a mental condition or illness may also be evident when individuals display sudden changes in lifestyle which include, but are not limited to:
    - Unwillingness to live up to commonly accepted rules and responsibilities
    - Sudden and drastic mood swings
    - Serious lack of judgment regarding money, job, family, and property, or extreme departure in dress and/or sexual behavior

5. Other indications that a person is experiencing a mental condition or illness may include some of the typical behavior of a mental illness; however, absent a medical diagnosis, should not be confused with actual mental illness. These include, but are not limited to the following:
    - Deficiencies in a person's ability to deal effectively with social conventions and interactions
        - Individuals with physical and/or intellectual disabilities may display behaviors that are rational, but do not appear to be age-appropriate while persons experiencing a mental condition or illness may not have a diminished intellectual capacity and may act in rational ways
            - A development disability is evident during a person's early years and is often a permanent condition for life
            - A person with a developmental disability does not engage in violent behavior without the types of provocations that may initiate violence among others
    - Autistic persons often engage in compulsive behavior or repetitive and unusual body movements, and may also display unusual reactions to objects or people, appear insensitive to pain, or may be hyperactive, passive, or susceptible to tantrums
        - Such persons may also appear disabled in some areas, but highly capable or gifted in others

Determining Dangers

1. Not all persons experiencing a mental condition or illness are dangerous, while some may represent danger only under certain circumstances or conditions. Department personnel may

use several indicators to determine whether a person represents an immediate or potential danger to himself/herself, departmental personnel, or others. These include the following:

- The availability of any weapons to the subject
- Statements by the person that suggest to department personnel that the person is prepared to commit a violent or dangerous act
  - Such comments may range from subtle innuendos to direct threat that, when taken in conjunction with other information, create a more complete picture of the potential for violence
- A personal history that reflects prior violence under similar or related circumstances
  - The history may be known to department personnel, family, friends, or neighbors, who may be able to provide helpful information
  - All efforts should be made to obtain as much background information on the person as possible
- Signs of a lack of control to include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech, may indicate behavior of concern

Crisis Intervention Techniques/Dealing with the Mentally Ill

1. When an officer determines that a person may be experiencing a mental condition or illness and poses a potential threat to oneself, the officer, or others, the officer will remember that the safety of the officer and others is paramount. Appropriate measures should be taken to de-escalate and resolve the situation safely.

2. The following guidelines for contact on the street/interviews and interrogation will assist officers in handling persons who may be experiencing a mental condition or illness: (41.2.7 (c))
   - Take steps to calm and de-escalate the situation
     - Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing with the person
     - If violent or destructive acts have not occurred, avoid physical contact and take time to assess the situation
   - Move slowly and do not excite the person
     - Provide reassurance that the police are there to help and that he/she will be provided with appropriate care
   - Communicate with the person in an attempt to determine what his/her concerns are
     - Relate your concern for how the person is feeling and allow the person to express his/her feelings
     - Do not dispute delusions or pretend to see or hear hallucinations; simply communicate empathy
   - When possible, gather information about the person from acquaintances or family members to better assess the situation at hand

- Do not discuss arrest, as this may create additional fright, stress, and potential aggression
- Avoid topics that may agitate the person and guide the conversation by asking simple questions to determine if the person is oriented (name, address, telephone number, time of day, day of week, date, etc.)
- Always attempt to be truthful; if the subject becomes aware of a deception, he/she may withdraw from the contact in distrust and become hypersensitive or retaliate in anger

Crisis Intervention Team (CIT)

1. The Apex Police Department has entered into a joint partnership with local mental health service providers, support groups, and peer law enforcement agencies in Wake County to form a Crisis Intervention Leadership Team.

2. CIT officers who respond will complete a F904 –*CIT Report* and forward it to the CIT Coordinator upon the completion of any call involving a person experiencing a mental condition or illness, regardless of the original dispatch.

3. CIT officers will not be used for the exclusive purpose of transporting mentally ill persons on mental commitments solely at the request of EMS in response to a call for service and in circumstances where the officer did not respond to the call initially. This will 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.

Making Referrals/Accessing Community Mental Health Resource (1.1.3) (41.2.7 (b))

1. Referrals to community mental health resources are available to individuals and family members when, in the judgment of department personnel, the circumstances and applicable laws and regulations do not indicate that the person be taken into protective custody. Ideally, people should be directed to contact the resources found on form F904a – *Community Resource Referrals*.

2. Referral information (Wake County Community Resource Guide) can also be obtained on the Wake County Human Services website at http://www.wakegov.com/humanservices/Pages/default.aspx. Officers also can contact the Wake County Local Management Entity (LME) Access Center at (919) 651-8400 or 800-510-9132 for referral information.

Commitment Procedures

Involuntary Emergency Commitment

1. Officers should process an individual using the Involuntary Emergency Commitment process when:
    - They receive a valid Involuntary Commitment (IVC) order
    - They receive credible information from a family member or friend indicating the person is a danger to themselves or others
    - They have an interaction with a person and through the course of the interaction officers determine the person is a danger to themselves or others

2. Officers taking the person into custody pursuant to an IVC must use the minimum amount of force necessary to restrain the person appropriately and transport the person to the specified 24-hour facility for evaluation. All uses of force must be in compliance with General Order 701 – *Use of Force*, applicable laws, and any other written directives.

3. Officers providing transportation for individuals during the service of an IVC or voluntary commitment process will follow the town's transportation agreement in accordance with NCGS 122C - Article 5 Parts 6, 7, and 8.

4. If "in-patient" treatment is recommended by a qualified mental health service provider, officers will determine the appropriate transport option for the person to the facility specified for a second evaluation, as required by the town's transportation agreement in accordance with NCGS 122C - Article 5 Parts 6, 7, and 8.

5. If the examining psychiatric professional recommends outpatient treatment, officers will transport the person back to his/her residence or to the home of a consenting individual. The original signed commitment order must be returned to the magistrate's office.

6. In the event that the examining psychiatric professional finds no evidence of mental illness, the person will be released and the proceedings terminated. If the person so desires, officers will provide transportation back to the person's residence.

Involuntary Non-Emergency Commitment

1. Once officers have verified that a valid order for IVC has been issued, officers will take the subject of that order into custody and restrain him/her in an appropriate manner with the minimal amount of force reasonably necessary to complete the IVC screening process.

2. Prior to service of any IVC order, officers must verify the following steps are completed:
    - Officers serving the IVC order must be in possession of the physical copy of the order prior to service
    - The IVC order has been reviewed to ensure the order:
        - Is valid
        - Has not expired
        - Has the signature of a judicial official/magistrate directing service for the

subject

3. Notification will be made to Wake County Human Services/Emergency Admissions that officers are transporting a subject to their facility for examination, pursuant to service of the IVC order.

4. If the examining psychiatric professional recommends inpatient treatment, officers may transport the person to the Wake County facility specified on the commitment order.

5. If a hospital outside of Wake County is selected officers will notify the Wake County Sheriff's Office to transport and officers will remain with the patient until relieved by hospital staff or a Wake County Sheriff's Deputy.

6. If outpatient treatment is recommended, officers will return the completed commitment order to the magistrate's office and transport the person back to the person's residence or to the home of a consenting individual.

7. Upon arrival at the hospital or other specified facility, officers will wait up to one hour for the person to be examined. If the person has not been examined by the end of that hour, officers will notify the appropriate attending medical personnel that the person will be left in the custody of hospital personnel.

8. Officers will then return the signed original commitment order to the magistrate's office.

Voluntary Commitment

1. With approval of the on-duty supervisor, officers may provide transportation for persons wishing to commit themselves to a treatment facility.

2. If a person requests assistance with a voluntary commitment but does not have a person available to provide transportation for the person, such as a family member or friend, department personnel will make every reasonable effort to locate an alternative source of transportation.

Transportation of Persons Subject to Evaluation

1. To the extent possible, an officer of the same gender should provide transportation for persons subject to an IVC evaluation, unless a family member or mental health professional case worker assigned to the person accompanies him/her during transport.

2. 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 his/her safety or the safety of others.

Training

1. All sworn personnel will receive documented entry-level training on dealing with the mentally ill during the course of their Basic Law Enforcement Training (BLET) curriculum. Sworn personnel will also attend CIT training and select, non-sworn personnel (generally those with responsibilities that include regular public interactions) will attend Mental Health First Aid training. (41.2.7(d))

2. All non-sworn personnel will receive documented training during new employee orientation or their position training program.

3. Documented refresher training for all personnel will be required annually. (41.2.7(e))

Text in "Green" denotes a significant change in policy

BY ORDER OF:

John W. Letteney
Chief of Police