


PORTLAND POLICE DEPARTMENT
STANDARD OPERATING PROCEDURE

	Subject:	Mental Health Crisis Intervention and Protective Custody	Policy #:	40F
	Distribution:	All Personnel	Effective Date:	07/14/2013
	Standards:	IACP, BOT 5	Revision Date:	03/01/2020
	By Order Of:	Chief of Police	Review:	Biennially

I. PURPOSE:

To provide guidance to employees on the options and resources available to assist individuals who appear to be mentally ill and/or experiencing a mental health crisis.

II. POLICY:

The Portland Police Department will make reasonable attempts to provide assistance to individuals who appear to be mentally ill and/or experiencing a mental health crisis. This assistance will include, but is not limited to, referral to an appropriate medical or mental health agency, assistance and care by family members or service providers, voluntary transport to a medical facility or, if necessary, placing individuals in protective custody and aiding in the involuntary commitment process, as appropriate.

III. DEFINITIONS:

Advanced Healthcare Directive: An individual instruction from, or a power of attorney, for health care by, an individual with capacity for use when the person appears to lack capacity.

Crisis Intervention Officer / Team: An officer or group of individuals, including officers, specifically trained in the identification, handling and disposition of individuals exhibiting signs of a mental health crisis.

De-escalation: The use of verbal or non-verbal actions and tactics, whenever feasible and possible, preceding a potential force encounter. This may include, but is not limited to the use of distance, cover, tactical repositioning, and communication in order to stabilize the situation, reduce the immediacy of the threat, and allow for more time and options for resolution.

Involuntary Commitment (Blue Paper Process): A three-step process by which a person (friend, relative, social services worker, psychologist, medical doctor, law enforcement officer) applies for involuntary admission of an individual to a mental hospital. A clinician evaluates the individual and, if the clinician certifies that the individual is mentally ill and poses a likelihood of harm, a judicial officer reviews and endorses the paperwork reflecting the first two steps of the Application for Emergency Involuntary Admission to a Mental Hospital (blue paper).

Least Restrictive Form of Transportation: The vehicle used for transportation and any restraining devices that may be used during transportation that impose the least amount of restriction, taking into consideration the stigmatizing impact upon the individual being transported and the safety of the transporting police officers.

Mental Health Crisis: Behavior, such as loss of contact with reality, extreme agitation, severe depression, delusions, hallucinations, suicidal or homicidal statements or actions, or an inability to

control actions or care for oneself, which creates a threat of *imminent* and *substantial* physical harm to the person or to others and that appears to be of sufficient severity to require professional evaluation.

Mobile Crisis Service System: A team which provides mobile crisis services on a 24/7 basis. Services include triage for consumers, immediate responses to consumer needs when in crisis and assistance with a proper disposition of cases. Proper disposition may include hospitalization, placement in a “crisis bed,” in home supports or referral for services. The system is accessed by calling 774-HELP, 888-568-1112 or 211.

Protective Custody: Custody taken by a law enforcement officer when that officer has determined that there exists reasonable grounds to believe, based on probable cause, that a person seems mentally ill and therefore presents a threat of immediate and substantial physical harm to that person or other persons. Or a situation in which an officer knows that a person has an advance healthcare directive authorizing mental health treatment and the officer has reasonable grounds to believe based on probable cause, that the person lacks capacity to make decisions for himself/herself.

Threat of Imminent and Substantial Physical Harm: A reasonably foreseeable risk of harm to someone, taking into consideration the immediacy of the potential harm, the seriousness of the potential harm, and the likelihood that harm will occur. Harm threatened may include: suicide or serious self-injury; violent behavior or placing others in reasonable fear of serious physical harm; or reasonable certainty of severe impairment or injury because a person is unable to avoid harm or protect himself/herself from harm.

IV. PROCEDURES:

A. **Officer Assessment / Interaction**

1. Officers are not expected to diagnose any mental condition(s), but should recognize behaviors that are potentially destructive, dangerous and / or indicative of a person experiencing a mental health crisis.
2. When dispatched to a possible mental health call, officers should assess the situation, determine whether or not a crime has been committed, and / or whether the person requires police intervention to aid in a medical or mental health crisis. Officers are encouraged to consider appropriate referrals or other alternatives to arrest when investigating violations of a minor nature committed by a person with mental illness.
3. When interacting with a person suspected to be experiencing a mental health crisis, officers should:
 - a. Utilize CIT and other relevant training while following priority of life protocols to enhance scene security, public, officer and subject safety.
 - b. Make it a priority to utilize the time necessary to assess the situation and attempt de-escalation techniques. The goal of these tactics is to slow down the situation, allowing access to additional resources that may mitigate the intensity of the encounter, help gain voluntary compliance, or otherwise allow for control of the situation and the safety of those involved without the need to use force, or with the use of a lower level of force.
 - c. Request assistance from back-up officers, particularly if the person may be taken into custody, the Behavioral Health Unit, Mobile Crisis, or a supervisor, as appropriate.

4. Depending on the type and/or level of mental health crisis the person is experiencing and if the officer determines that protective custody is not necessary, the officer may:
 - a. Refer the person to a medical or mental health practitioner and leave the person in the care of friends, relatives or service providers; or take other steps necessary to maintain public safety. Referral resources include: the PD Behavioral Health Unit, 211, mental health agencies, a hospital with voluntary inpatient services, or Mobile Crisis (774-HELP or 888-568-1112).
 - b. Assist the person with immediate voluntary treatment by providing transportation to Maine Medical Center, Mercy Hospital or other local agency equipped to provide care.
 - c. If probable cause exists to believe a crime has been committed and protective custody is not appropriate, arrest the person and transport him/her to jail.

B. Protective Custody

1. Whenever a police officer has probable cause to believe that a person may be mentally ill and, due to that condition, represents an *imminent* and *substantial* physical harm to themselves or someone else, or if the person has an advance health care directive authorizing mental health treatment and the officer has probable cause to believe that the person lacks capacity, the officer(s):
 - a. may take the person into protective custody; and deliver the person immediately for examination by a medical practitioner; or
 - b. for a person who has an advance health care directive authorizing mental health treatment, take the person for examination to determine the individual's capacity and the existence of conditions specified in the advance health care directive for the directive to be effective.
2. When formulating probable cause, the law enforcement officer may rely upon the totality of the circumstances to include personal observations, reliable third party information, and known history to determine if the person may be mentally ill and that due to that condition the person presents a threat of imminent and substantial physical harm to that person or to other persons.
3. If protective custody is appropriate, the officer must transport the person to the Maine Medical Center or Mercy Hospital emergency room for evaluation, utilizing the least restrictive form of transportation.
 - a. Officers may use their discretion regarding the means of transportation. Acceptable forms of transportation include an ambulance, the arrest van, a police cruiser or, in extreme circumstances, four-point restraint.
 - b. Officers may use their discretion regarding the handcuffing of the individual during transport. An officer may choose not to handcuff a cooperative, calm individual.
 - c. Officers must search the person for weapons and/or drugs prior to transport; regardless of the reason for the transport.

4. If the examining clinician determines that the person satisfies criteria for emergency involuntary hospitalization, the person will remain in the care and custody of the examining hospital. Department employees may assist in this process as appropriate.
5. If the examiner determines that emergency involuntary hospitalization is not appropriate, and there is no probable cause to believe the person has committed a criminal or civil violation, the hospital will release the person from protective custody and, the officer will, if contacted and with the person's permission, either take the person home or return the person to the place from which the person was taken into custody.
6. If the person is released by the hospital and has committed a criminal violation and is subject to a warrantless arrest, the officer, in consultation the licensed practitioner and his/her supervisor, shall determine whether to transport the person to jail or summons him/her for the offense. The officer should consider the most appropriate means to protect the public and ensure treatment of the individual in crisis.
7. If the person is released by the hospital and has committed a civil violation, the officer may use his/her discretion in determining whether to summons the person for the violation.

C. Reporting

1. An officer who encounters a person in a mental health crisis may make a notation in the CAD call narrative regarding the encounter and/or file a CIT report, as appropriate. The officer must document any contact that results in protective custody in a CIT or casualty report containing sufficient detail to establish probable cause.
2. An officer is assigned to a call involving a person in a mental health crisis will complete a CIT contact report.
3. All CIT contact reports must be accompanied by an incident/casualty report. The case number should be recorded on both reports and both originals forwarded to records using standard procedures.
4. Whenever a person experiencing a mental health crisis is transported to a hospital, the officer completing the CIT report will advise hospital staff of the circumstances of the incident and provide staff (preferably Acute Psychiatry) with a copy of the CIT report.
5. The Behavioral Health Coordinator will review all CIT contact reports and conduct follow ups and referrals as appropriate.
6. The Behavioral Health Coordinator will prepare and submit a report in February of each year to the Chief of Police summarizing the data compiled from the non-identifying statistical data from the contact reports, including any recommendations to related training, policies or practices.

D. Training / Administration

1. Initial CIT certification requires the completion of a 40-hour block of training. All sworn officers shall be CIT certified within one year of completing field training.

2. All sworn personnel must complete relevant annual training to maintain proficiency.
3. The Behavioral Health Coordinator will coordinate the department's crisis intervention efforts and training.
4. The Commander shall designate a Lieutenant or Sergeant to act as the Coordinator's liaison with the Uniformed Operations Group.

This policy should not be construed as a creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this policy will only form the basis for administrative sanctions by the individual law enforcement agency and/or the Board of Trustees of the Maine Criminal Justice Academy.