HANDLING THE MENTALLY ILL

Purpose: The purpose of this policy is to provide police officers with the necessary resources and the subsequent training to effectively assist and deal with persons who appear to be in need of mental health care and/or service.

Policy: It is the policy of the North Little Rock Police Department to establish procedures and provide information regarding legal requirements, as well as information about community resources which may assist officers in providing a high degree of service to citizens who appear to be mentally ill or in need of mental health care and/or service.

Summary of Changes: Updated training section to include requirements for civilian personnel.

Definitions:

(A.C.A. 20-47-201): Sets forth the requirements and responsibilities for care, custody and treatment of persons believed to be in need of mental health services due to mental illness.

Mental Illness (A.C.A. 20-47-202): Refers to a substantial impairment of emotional processes or the ability to exercise conscious control of one’s actions, or the ability to perceive reality or to reason, when the impairment is manifested by instances of extremely abnormal behavior or extremely faulty perceptions. It does not include impairment solely caused by epilepsy, mental retardation, continuous or non-continuous periods of intoxication caused by substances such as alcohol or drugs, or dependence upon or addiction to any substance, such as alcohol or drugs.

Voluntary Admission (A.C.A. 20-47-204): Any person who believes they have a mental disorder or disease may apply to a mental health receiving facility for admission. If the screener at a receiving facility shall be satisfied, after examination of the applicant, that he/she is in need of mental health treatment and will be benefited thereby, he/she may receive and care for the person in the receiving facility, for such time as the screener shall deem necessary for the recovery and improvement of said person, provided that such person agrees at all times to remain in the facility.

Involuntary Admission (A.C.A. 20-47-207): A person shall be eligible for involuntary admission if he/she is in such mental condition, as a result of mental illness, disease, or disorder, that he/she poses a clear and present danger to himself or others; to also include the person’s recent behavior, or their behavior history demonstrates that he or she so lacks the capacity to care for his or her own welfare and that there is a probability of death, serious bodily injury, or serious physical or mental debilitation if admission is not ordered.

Procedures

1 Mental Health Indicators [CALEA 41.2.7a]
   1.1 Verbal cues that include but not limited to:
       1.1.1 Expression of illogical thoughts such as:
           1.1.1.1 Unrelated or abstract thoughts
           1.1.1.2 Thoughts of greatness, e.g., person believes he/she is God
           1.1.1.3 Feeling harassed or threatened, e.g., CIA watch through TV set
           1.1.1.4 Preoccupied with death, germs, etc.
       1.1.2 Unusual speech patterns such as:
           1.1.2.1 Nonsensical speech or chatter
           1.1.2.2 Word repetition
           1.1.2.3 Expressing urgency speech
           1.1.2.4 Extremely slow speech
       1.1.3 Verbal hostility or excitement such as:
           1.1.3.1 Talking excitedly or loudly
           1.1.3.2 Belligerent or unreasonably hostile
           1.1.3.3 Threatening harm to self or others
   1.2 Behavioral cues that include but not limited to:
       1.2.1 Physical appearance such as:
           1.2.1.1 Inappropriate for weather
           1.2.1.2 Bizarre clothing or makeup
       1.2.2 Movements or behavior such as:
           1.2.2.1 Strange postures or mannerisms
           1.2.2.2 Sluggish movements
           1.2.2.3 Repetitious, ritualistic movements
           1.2.2.4 Seeing or hearing things not there
1.2.2.5 Confusion
1.2.2.6 Lack of emotional response
1.2.2.7 Nonverbal expression of grief
1.2.2.8 Inappropriate emotional reactions
1.2.2.9 Causing injury to self

2 Approach [CALEA 41.2.7c]
2.1 Officers should remember that the majority of persons in need of mental health care represent no danger to others; however, there are exceptions in which they can become extremely violent and combative with little or no apparent warning. For this reason officers should exercise extreme caution in their approach to such individuals.
2.2 Avoid excitement, confusion, or upsetting circumstances. These may frighten the person, inhibit communications, and increase the risk of physical injury to the subject, the officer, or other persons.
2.3 Do not abuse, belittle, or threaten the person. Such actions may cause the person to become alarmed and distrustful.
2.4 Do not deceive the person. This may limit chances for successful treatment and make future management of the person by other officers more difficult.
2.5 Do not take the person’s anger personally.
2.6 Remain professional in your contacts with the person. Indicate that your only intention is to help the person.

3 Disposition [CALEA 41.2.7b]
3.1 When an officer encounters a person, whom he believes may need mental health care, the officer shall attempt to evaluate the person’s condition and determine an appropriate disposition for the person in accordance with A.C.A. 20-47-202, 204, 207.
3.2 A person in need of mental health care may gain access to the mental health system by voluntary (self) admission or involuntary admission (admission by authority of law).
3.3 A person may be admitted to a mental health facility for treatment; however, the treatment may not require that the person actually be confined at the facility.
3.4 A person in need of emergency custody is one who is in imminent danger of death or serious bodily injury due to circumstances or conditions which they may not understand because of disease, disability, substance abuse, or senility, which renders the person unable to care for himself.

4 Mental Health Facilities
4.1 There are two facilities that are State supported mental health care services and two private hospitals that will assist our department with the mentally ill.
4.1.1 The Arkansas State Hospital (ASH) located at 4313 W. Markham in Little Rock. Admissions phone: 686-9226.
4.1.2 The Mental Health Center (MHC) of Greater Little Rock, located behind the Arkansas State Hospital at 4400 Shuffield. Phone: 686-9300.
4.1.3 Professional Counseling Associates (PCA) located at 4354 Stockton in NLR. Phone: 955-7600.
4.1.4 The Bridgeway Hospital located at 21 Bridgeway Road in NLR. Phone: 771-1500.

5 Hospitals
5.1 The three hospitals below provide emergency psychiatric care through their hospital emergency rooms.
5.1.1 Veteran’s Administration (VA) Hospital located at 4300 West 7th Street in Little Rock. Phone: 660-2014.
5.1.2 Arkansas Children’s Hospital (Ages 3 years to 18 years), located at 8th and Marshall Streets in Little Rock. Phone: 320-1185.
5.1.3 Baptist Health Medical Center, 3333 Springhill Dr., North Little Rock. Emergency services phone: 202-6800.
5.1.3 PCA will be the screeners for patients brought to Memorial Hospital. Phone: 835-4174 or 955-7600.
5.1.4 Other regionally located hospitals that accept persons in need of mental health care may be utilized if the previous listed facilities are unable to accept the person due to bed space and staffing or emergency conditions.

6 Use of Force
6.1 Officers may use reasonable and appropriate physical force necessary to control and transport persons for the purpose of involuntary admission or for the enforcement of a Probate Court Order, in compliance with Arkansas Law (A.C.A. 5-2-605).
6.2 Whenever force is used on any person, supervisors will ensure that the following policy directives are followed:
6.2.1 Policy Directive 11-1, Use of Force; and,
7 Method of Transportation
7.1 Only patrol units equipped with safety screens may be used to transport persons to mental health facilities in order to provide for the safety of both the officer and the citizen.
7.2 Persons that are unable to be transported in a police vehicle due to physical limitations should be transported by ambulance. The police department assumes no liability for such expense.
7.3 If requested by the mental healthcare facility a patrol unit will transport the person from the facility to court or back from court in an approved patrol unit.

8 Voluntary Admission and Other Non-Custodial Situations
8.1 When an officer encounters a person whom he believes to be mentally ill, but the person’s mental disorder does not meet the criteria for involuntary admission, the officer shall:
   8.1.1 Counsel the person as to the reason he or she attracted the attention of the police officer.
   8.1.2 Release the person to a friend, relative, or other responsible person.
   8.1.3 Refer the person and/or the person’s caretaker to an appropriate mental health agency by providing the name, address, and emergency telephone numbers of the area mental health facilities. This information will be maintained at North Little Rock Office of Emergency Services.
8.2 If a person appears to be mentally ill to the degree that an officer believes mental health care is in the person’s best interest, but there is no one available who can provide for the person’s care, the officer shall attempt to convince the person to seek voluntary admission.
   8.2.1 If the person agrees to voluntary admission, and no other safe means of transportation is available, the officer shall notify the patrol division supervisor and transport the person to a mental health facility.
   8.2.2 If the person refuses to seek voluntary examination and does not meet the criteria for involuntary admission, the officer shall counsel, release, and/or refer the person to an appropriate mental health agency or service.

9 Involuntary Admission and Other Custodial Situations
9.1 If an officer receives information from a relative or witness concerning an individual’s behavior that appears to meet the criteria for involuntary admission, but the officer did not witness the behavior, the officer shall:
   9.1.1 Explain the involuntary admission requirements and the need for a relative or interested citizen to seek the petition in Circuit Court (phone: 686-9191) for such admission; and,
   9.1.2 Assess the person’s condition and take whatever action appears to be appropriate for the proper care of the person, if the relative or citizen refuses to seek the petition;
   9.1.3 If the citizen or relative agrees to seek the petition for the person, advise them to call the Circuit Court of Pulaski County (phone: 686-9191) in order to schedule an appointment to seek the petition.
   9.1.4 Notify MEMS on scene of the information received (MEMS will also be able to make determinations concerning the person’s admission to a mental healthcare facility).
9.2 If an officer witnesses a person’s behavior, that appears to meet the criteria for involuntary admission, or has received information from a person willing to seek a petition for involuntary admission, or upon the authorization of a Patrol Division supervisor, the officer shall:
   9.2.1 Take the person into custody. The person will be transported to the nearest accepting screening facility, such as the Baptist Memorial Hospital Emergency Room. If the person is non-violent and does not pose a threat of escape, he/she may be transported by ambulance.
   9.2.2 Hospital caseworkers or PCA will do the screening while he/she is at the hospital. PCA can be contacted and requested to do an emergency screening. The officer will need to provide the name, date of birth, address and other pertinent information to help facilitate the screening process.
   9.2.3 If the person’s actions require the placing of criminal charges, a supervisor must be notified of the intent to obtain an arrest warrant for the person at a later date. This is due to the fact that a detention facility will not ordinarily accept a person displaying mental illness, unless ordered to do so by a District, Chancery, or Circuit Judge.
   9.2.4 If the person is violent, but has not committed a criminal offense, the officer shall contact the Arkansas State Hospital (ASH) Admissions Office, located at 305 So. Palm in Little Rock, 686-9226, for screening and evaluation. If admission occurs, officers will transport person to ASH and relinquish custody of the person to the ASH-DPS.
   9.2.5 If the person is not violent and has not committed a criminal offense, he shall be taken to the Mental Health Center. If the person is admitted to the MHC, officers will relinquish custody to the ASH-DPS.
   9.2.6 If the person has committed a serious crime of violence, such as aggravated robbery, rage, or murder, he shall be taken to a detention facility and charged with the crime he committed.
9.3 Prior to entering any of the above facilities, officers must secure any firearm(s) in the trunk of their vehicle.
   9.3.1 Officers must provide the initial screener with as much information as possible about the person’s condition.
   9.3.2 Officers will stay with the person until ASH-DPS officers/ hospital staff/or Mental Health Center workers take custody of the person and the screener accepts responsibility for the person.
9.3.3 If the officer is a first-hand witness to the person’s behavior, the officer shall file a petition for involuntary admission within seventy two (72) hours, excluding weekends and holidays, of the person’s admission or confinement,

9.3.4 Petitions for involuntary admission are obtained from the Prosecutor Coordinator assigned to the Circuit Court, located in the Court Building 4710 W. 7th St. Little Rock, 686-9191 or 686-9193 (See attached Form 1 “Petition to involuntarily admit person with mental illness” or attached Form 2 “Petition to involuntarily admit persons addicted to Alcohol/ Drugs”)

9.3.5 If an interested citizen or relative seeks the involuntary admission petition, the officer will not need to request a petition. It shall, however, be the officer’s responsibility to file the petition within the time limit should the citizen refuse or fail to do so, provided the officer was also a witness to the person’s behavior.

10 If Admission to a Mental Health Facility is Denied by the Screener, the Officer Shall:

10.1 Request the identity of the mental health professional who conducted the initial screening and the reasons for refusing to admit the person, as well as the identity of any physician contacted by the screener for documentation in the officer’s offense report.

10.2 If possible, notify an interested citizen or relative of the results of the evaluation.

10.3 If the officer is satisfied the person’s circumstances or condition do not present an imminent danger of death or serious bodily harm to their self or others, the officer shall:

10.3.1 Transport the person to a safe location and release him, if possible, to a responsible person; or,

10.3.2 If necessary, proceed with any misdemeanor criminal charges which may have occurred due to the person’s conduct. Release the person on a criminal citation in accordance with Rule 5.2 of the Arkansas Rules of Criminal Procedure. (Refer to GO 55-5 and GO 45-1.)

11 Emergency Custody

11.1 If the officer believes the circumstances or condition of the person present an imminent danger to the person’s health or safety to the extent that death or severe bodily injury could reasonably be expected to occur, and/or the person lacks the capacity to comprehend the nature and consequences of his condition and is not held on criminal charges, the officer shall:

11.2 Contact a Patrol Division supervisor for authorization to place the person in emergency protective custody.

11.3 Transport the person to the appropriate mental health facility (MHC or ASH) for screening and evaluation.

11.4 Advise the Mental Health Center personnel of the circumstances and condition of the person which will require emergency protective custody.

11.5 Emergency protective custody may not exceed seventy-two hours, excluding holidays.

11.6 Emergency protective custody shall only be invoked as a method of last resort; however, officers should not hesitate to use such custody, if necessary, for the protection of the person and/or citizens.

12 Mental Health Probate Court Orders

12.1 When a Mental Health Probate Court Order is received by hand delivery or fax, the receiving member shall forward it to the Patrol Captain’s Office for service. The member receiving the fax will make three copies of the Order.

12.1.1 One copy shall be used as a “Court Copy” to be returned to the issuing court, one for the receiving agency, and one delivered to the person named in the Order.

12.1.2 Each copy shall also contain the person’s Commitment Rights Form and any other papers attached by the probate Court.

12.1.3 All Probate Court Orders shall be served as soon as possible.

12.1.4 Probate Court Orders are valid for one year.

12.2 When a Probate Court Order displays “For Immediate Detention,” it means there is urgency for its service.

12.3 When the person named in the Order is located, taken into custody, and is being transported to the facility designated in the Order, the facility shall be contacted and advised that the officer is in route with a person “For Immediate Detention.”

12.4 After arriving at the facility, the facility’s security staff shall accept control of the person. There is no statute requiring officers to provide security when a Probate Court has ordered detention.

12.4.1 Should the facility fail to notify their security staff, officers shall advise them the Order only requires an officer to deliver the person named.

12.4.2 Officers should document all cases where they were required by Hospital staff to remain over thirty minutes with a person who is delivered under an Order of Immediate Detention.
12.5 When the Order is served, or service was attempted but not successful, the Court copy shall be returned to the Probate Court by the responsible officer with notation that the Order was served or service was attempted, the date and time served or attempted, and the officer’s name and employee identification number. The Court copy shall be returned to the issuing court within five working days.

12.5.1 The Probate Court is located on Unit 4 (upper level) of the Arkansas State Hospital and the phone number for the Prosecutor Coordinator assigned to the Court is 686-9193.

13 Order of Admission of Evaluation

13.1 A person involuntarily admitted to a mental health facility who absents himself without leave or fails to comply with the court-approved treatment plan, shall be returned to the facility upon the request of the person’s treatment staff. (A.C.A. 20-47-219).

13.2 The Prosecutor Coordinator, or the ASH Admissions Office, will verify the current status of the Commitment Order and provide the case number, date of Commitment Order, a copy of the Respondent’s Rights Form, and specific admission procedures for the person to the Patrol Division Commander or designee by telephone or facsimile (fax) transmission.

13.3 Orders of Admission of Evaluation may be served with consideration given to the time of day and manpower requirements. The information contained in these Orders shall be given to the Communication Center for broadcast to all field units.

13.4 After the Prosecutor Coordinator has supplied the required information, officers shall:

13.4.1 Obtain the necessary document (Order) to be served;

13.4.2 Attempt to locate the person;

13.4.3 Transport the person to the designated mental health facility, if the person can be located; and, 

13.4.4 Fax the Order with a notation of the date and time of service or attempted service, and the name and employee identification number of the officer(s) serving or attempting service of the Order.

13.4.5 Attach a copy of the Order to the officer’s offense report.

13.4.6 If a person at a mental health facility under voluntarily admission absents himself/herself without leave, officers are permitted to locate and hold said person.

13.5.1 If located, officer(s) will return the person to said facility provided he/she voluntarily agrees to do so.

13.5.2 If subject will not voluntarily return, officers will immediately contact the mental health facility for a determination. If the facility does not want to seek emergency protective custody, the subject will be released. If the facility will seek emergency protective custody, officer(s) will take custody of subject and transport them to the facility as per section 10 of this policy.

14 Training

14.1 Entry level training shall be conducted and documented on all new sworn and civilian personnel. Training shall consist of reviews of legal updates, if any, as well as review of this policy directive. [CALEA 41.2.7d]

14.2 All members will receive refresher training at least once every three years. [CALEA 41.2.7e]