

DAYTON POLICE DEPARTMENT  
GENERAL ORDER  
RESPONSE TO THE MENTALLY ILL  
CRISIS INTERVENTION TEAM



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POLICY STATEMENT

The Mental Health Act of 1988 made substantial changes in Ohio Law regarding the treatment of mentally ill persons. One of the most important changes for law enforcement officers to be aware of is the requirement that the personal liberties of mentally ill persons be protected by treating them in the least restrictive environment.

**I. DEFINITIONS**

**A. MENTAL ILLNESS**

**O.R.C. §5122.01 (A)** defines mental illness as “a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.”

**B. MENTALLY ILL PERSON SUBJECT TO HOSPITALIZATION BY COURT ORDER**

**O.R.C. §5122.01 (B)** “Mentally ill person subject to hospitalization by court order” means a mentally ill person who, because of his illness:

- (1) Represents a substantial risk of physical harm to himself as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
- (2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
- (3) Represents a substantial and immediate risk of serious physical impairment or injury to himself as manifested by evidence that he is unable to provide for and is not providing for his basic physical needs because of his mental illness and that appropriate provision for such needs cannot be made immediately available in the community; or
- (4) Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or himself.

**C. Crisis Intervention Team** –Specially trained volunteer officers who have received training to handle the complex issues relating to mental illness. In addition to performing their assigned duties, CIT officers will be called upon when responding to the mentally ill while on duty.

**D. Mobile Crisis Response Team** – Specially trained officers assigned to patrol operations divisions who have received training to handle the complex issues relating to mental illness.

**II. EMERGENCY ADMISSIONS - LEGAL ISSUES**

**A. O.R.C. §5122.10 Emergency hospitalization; temporary detention; limitations**, states the following in pertinent part::

*“Any health officer, police officer, or sheriff may take a person into custody, and may immediately transport him to a hospital where he may be held for the period prescribed in this section, if the health officer, police officer, or sheriff has reason to believe that the person is a mentally ill person subject to hospitalization by court order under division (B) of section 5122.01 of the Revised Code, and represents a substantial risk of physical harm to himself or others if allowed to remain at liberty pending examination.*

*A written statement shall be given to such hospital by the transporting health officer, police officer, or sheriff stating the circumstances under which such person was taken into custody and the reasons for the health officer's, police officer's, or sheriff's belief. This statement shall be made available to the respondent or his attorney upon request of either.*



*Every reasonable and appropriate effort shall be made to take persons into custody in the least conspicuous manner possible. A person taking the respondent into custody pursuant to this section shall explain to the respondent: the name, professional designation, and agency affiliation of the person taking the respondent into custody; that the custody-taking is not a criminal arrest; and that the person is being taken for examination by mental health professionals at a specified mental health facility identified by name.”* In other words, **when officers take a person into custody for this section, they must:**

1. State their name.
2. State their rank.
3. State they are with the Dayton Police Department.
4. Advise the person they are not under arrest but are going to be examined by health professionals.
5. Advise the person of where they are being taken to for examination.

#### B. APPLICATION FOR EMERGENCY ADMISSION

The “written statement” referred to in paragraph two of **O.R.C. §5122.10** is the Application for Emergency Admission form, also known as the “pink sheet”. Dayton Police Officers who encounter a person who they have reason to believe is a mentally ill person subject to hospitalization by court order under **O.R.C. §5122.01 (B)**, and represents a substantial risk of physical harm to himself or others if allowed to remain at liberty pending examination, must take that person into custody. An Application for Emergency Admission form must be filled out. Who is responsible for filling out this form and the appropriate time to do so varies, and is explained below.

### III. EMERGENCY ADMISSIONS - PRACTICAL ISSUES

#### A. WHEN CRISIS CARE IS ON THE SCENE FIRST

When Dayton Police Officers are called to a scene and a Health Officer from Crisis Care is already on the scene, the Health Officer is responsible for filling out the Admission form. The officers are responsible for transporting the person to any of the hospitals listed in section III.B.4.c. Officers will complete a Mental Health Transport (MHT) type FIC in MIS regarding the person transported.

- Crisis Care’s address and phone number: **Crisis Care, 601 S. Edwin C. Moses Blvd, Dayton, OH 45408 (NW Bldg, 5<sup>th</sup> Floor – Elizabeth Place), 24-hour phone 224-4646.**

#### B. WHEN POLICE OFFICERS ENCOUNTER PERSONS WHOM THEY BELIEVE TO FALL WITHIN **O.R.C. §5122.01 (B)**:

1. **If the person is intoxicated, or physically injured, or under the influence of (or lack of prescribed) drugs,** convey the person to a general hospital emergency room. The hospital staff is responsible for contacting Crisis Care for any subsequent pre-screening. The transporting officers are responsible for completing the Application for Emergency Admission form. Officers will also complete a Mental Health Removal (PNK) type FIC in MIS.
2. **If the person’s behavior is violent, or dangerous to the point it is creating an immediate safety threat, and no time can be spent contacting Crisis Care,** immediately convey the person to the nearest general hospital emergency room. The hospital staff is responsible for contacting Crisis Care for any subsequent pre-screening. The transporting officers are responsible for completing the Application for Emergency Admission form. Officers will also complete a Mental Health Removal (PNK) type FIC in MIS.
3. **Incidents may occur where a person does not exhibit behavior in front of police officers** which would give them reason to believe the person is subject to hospitalization, **but family, friends, or other witnesses claim the behavior took place.** Ohio Attorney General Opinion No. 79-021 states the phrase “reason to believe” is to be interpreted in accordance with common usage and that police officers may rely on the statements of another to determine whether there is reason to believe a person should be taken into custody. Officers will not act on verbal statements alone. Witness statements describing the behavior must be filled out and signed by the witness(es) to the behavior.

If no witness(es) can read or write, have them dictate a statement to an officer and sign it. Crisis Care must be contacted prior to removal of the person or completion of the Application for Emergency Admission form. Do not complete the Application for Emergency Admission form until advised to do so by Crisis Care. Once the form is



completed, an irreversible process has begun. Attach any witness statements to the Application for Emergency Admission form. Officers will also complete a Mental Health Removal (PNK) type FIC in MIS.

4. **If the person is not physically injured and does not appear to be intoxicated or under the influence of drugs**, police officers should contact Crisis Care. If no telephone is available to officers they will advise dispatch of the situation and dispatch will contact Crisis Care. Crisis Care will provide direction, and advise what should be done with the person. **Crisis Care may choose to:**
  - a. **Respond to the scene.**
  - b. **Have the person transported to one of the following hospitals.** Crisis Care staff will know which hospitals have beds available for psychiatric patients. Crisis Care staff will also know which hospitals accept the person's insurance. Under these circumstances, the transporting officers are responsible for completing the Application for Emergency Admission form and completing a Mental Health Removal (PNK) type FIC in MIS. Following are the locations that Dayton Police Officers may transport these persons to:
    1. Miami Valley Hospital, 1 Wyoming Street, Dayton, Ohio, 45409, Emergency Room phone 208-2444.
    2. Grandview Hospital, 405 W. Grand Avenue, Dayton, Ohio, 45405, Emergency Room phone 226- 3210.
    3. Kettering Memorial Hospital (Adults and Juveniles), 3535 Southern Boulevard, Kettering, Ohio, 45429, Emergency Room phone 296-7259.
    4. Children's Hospital (Juveniles only), 1 Childrens Plaza, Dayton, Ohio 45404, Main phone 937-641-3000

#### C. WHEN CALLED TO CRISIS CARE FOR TRANSPORTING

Whenever representatives of Crisis Care have pre-screened a person and authorized his/her admittance to a local hospital, they may contact the Dayton Police Department for transportation. These may or may not be persons originally brought to Crisis Care by the Dayton Police Department. Once the Emergency Admission form is completed, Dayton Police Officers will transport the person to the location chosen by Crisis Care.

- Crisis Care will complete the Emergency Admission form and contact one of the hospitals listed in section III.B.4.b. and ensure that a bed is available for the patient. Officers will complete a Mental Health Transport (MHT) type FIC in MIS to document the person transported.

#### D. REGIONAL DISPATCH CENTER (RDC) RESPONSIBILITIES ON A MENTAL HEALTH CALL

1. When Crisis Care calls for a person to be transported from a scene or from their office they will describe the situation, which can change at any time, in one of three ways:
  - Emergency - someone has been injured. These calls will be a priority one.
  - Critical - a substantial risk of injury to the patient or another person exists. These calls will be a priority two.
  - Stable - the situation is under control and no risk of injury is apparent. These calls will be a priority three.
2. These calls will always be dispatched as two officer calls.

#### IV. Escaped Forensic Patients from Out-of-area Hospitals

Police officers encountering escaped/walkaway mental patients from other area/state hospitals will have to contact Crisis Care for pre-screening. If there are NCIC or LEADS broadcasts requesting confinement, the person should be placed in the jail if Crisis Care is unable to locate a local hospital for admittance. Each situation is different and officers should always confer with Crisis Care for the proper solution.

#### V. RESTRAINING AND TRANSPORTING MENTALLY ILL PERSONS

##### A. HANDCUFFING

All mentally ill persons who are being transported to a hospital or community mental health center will be handcuffed



behind the back unless:

1. The handcuffs may agitate a calm person to the point of violence.
2. The person has injuries to the arms or advanced pregnancy.
3. The person is elderly and handcuffs may injure them or cause undue discomfort.

**B. HOBBLE RESTRAINT DEVICE**

The Hobble Restraint Device may be used to secure a violent, mentally ill person. The officer using the device must be properly trained and certified in the use of the device.

**C. TRANSPORTATION BY MEDIC**

There may be instances where officers are called upon to transport a highly violent, mentally ill person and a medic may be the most appropriate choice. At least one officer will accompany the medic to the destination. The medic will be released as soon as possible after arriving at the destination. Medics are equipped with soft restraints, backboards, and gurneys that will allow the person to have their arms and legs secured while the person remains in a prone position. Such instances include, but are not limited to:

1. No responding officer is trained in the use of, or has possession of; a Hobble Restraint Device and no trained officer or device is readily available.
  2. The mentally ill person may become injured, injure another, or may damage a cruiser from excessive movement if not transported via medic.
- D. There may be times when a person who is mentally ill, but does not meet the requirements of a mentally ill person subject to hospitalization by court order, requests an officer to take him/her to a hospital. Within reason, these requests will be honored. Officers should explain to the hospital staff that the person is not being admitted under **O.R.C. §5122.10** and should not fill out an Application for Emergency Admission form. This is merely a voluntary removal to a hospital.
- E. DAYTON POLICE OFFICERS WILL NOT TRANSPORT ANY MENTALLY ILL PERSON SUBJECT TO HOSPITALIZATION BY COURT ORDER AWAY FROM ANY HOSPITAL, MENTAL HEALTH CENTER, PSYCHIATRIST'S OFFICE, PSYCHOLOGIST'S OFFICE, OR PHYSICIAN'S OFFICE UNLESS AN EMERGENCY ADMISSION FORM HAS BEEN COMPLETED AND SIGNED BY THE PROPER AUTHORITY AT THAT FACILITY. DAYTON POLICE OFFICERS WILL NOT TRANSPORT MENTALLY ILL PERSONS FROM ANY ADDRESS OUTSIDE THE CITY OF DAYTON LIMITS TO AN ADDRESS INSIDE THE CITY LIMITS.

**VI. RESPONSE TO PERSONS WITH AN INTELLECTUAL DISABILITY**

- A. **O.R.C. §5123.01 (N)** defines a person with an Intellectual Disability as "a person having significantly sub-average general intellectual functioning existing concurrently with deficiencies in adaptive behavior, manifested during the developmental period."
- B. Some persons with an intellectual disability may represent a substantial risk of physical harm to themselves because they are unable to care for themselves or are unable to recognize dangerous situations. Officers who encounter persons with an intellectual disability who are not with a guardian or caretaker and appear to be in danger of physical harm or at risk of illness will contact a supervisor. The supervisor will respond to the scene and determine if any legal action should be taken regarding **O.R.C. §2919.22 Endangering Children** or **O.R.C. §2903.16 Failing to Provide for Functionally Impaired Person**.
1. If a person with an intellectual disability is encountered, do not contact Crisis Care. They are not authorized to deal with intellectually disabled or developmentally disabled persons. If the person is a juvenile, and no parent or guardian can be located, contact Children's Services.
  2. If the person is an adult, and no guardian can be located, contact the Montgomery County Board of Mental Retardation and Developmental Disabilities, Office of Case Management, at their 24-hour phone number - 890-7338.



## VII. MENTALLY ILL PERSONS SUSPECTED OF CRIMES

Officers will not take it upon themselves to absolve a mentally ill person who is accused of committing a criminal act. Only the courts can decide if a person is to be released from responsibility for his/her actions due to mental illness.

### A. MISDEMEANOR VIOLATIONS

If the violator is admitted to the hospital, the officer should request a summons. Action taken should be described in the officer's report.

### B. FELONY VIOLATIONS

All felony violators should be housed at the Montgomery County Jail. The officer's immediate supervisor should be contacted and advised of the situation. The officers booking the person will advise jail personnel regarding the violator's behavior. Felony suspects are not to be housed at any community mental health center prior to arraignment.

## VIII. CRISIS INTERVENTION TEAM

The presence of CIT trained police officers has shown to substantially reduce the risk of needless arrests and injuries when officers are called upon to assist at incidents involving the mentally ill. The Dayton Police Department shall maintain a team of officers to handle such situations, so that they may respond while on duty to incidents involving the mentally ill if they are available.

### A. TEAM LOGISTICS

1. Each member of the Crisis Intervention Team (CIT) shall receive specialized training in dealing with the mentally ill prior to active participation in team assignments.
2. Commanders shall maintain an accurate list of those officers under their command who have received CIT training.
3. The CAD system shall indicate those units that include a CIT officer.
4. No officer, including CIT officers, shall be singly dispatched to a call involving a suspected mentally ill person.
  - a. In the event non-CIT trained officers find themselves involved with a mentally ill person and they believe that the situation or the person's state of mind requires the response of a CIT officer, they shall request that a team member be immediately dispatched if one is available.
    - If the dispatcher cannot locate a CIT officer working in the division, one shall be dispatched from one of the other divisions if one is on duty and available.
  - b. If a call evaluator suspects that a mentally ill person is in a serious crisis situation, they shall convey this to the dispatcher, who shall then make every attempt to include a CIT officer with the units dispatched to the incident.

### B. SCENE MANAGEMENT

When a CIT officer is dispatched to an incident involving a mentally ill person, that officer shall be responsible for all aspects of interacting with the mentally ill person. (NOTE: The term "consumer" is utilized by the mental health community to describe mentally ill persons. Officers may hear this term used by the CIT officers in these situations and should not confuse its meaning.)

1. Any supervisor on the scene shall maintain overall accountability for the incident; however he must keep in mind that the CIT officer has had specialized training, and that the officer's conversation with the subject serves a purpose in attempting to resolve the situation in a peaceful and safe manner. Therefore, supervisors should allow the CIT officer as much leeway as practical.



2. The CIT officer, with the concurrence of the ranking command officer, shall determine what action to take. This includes, but is not limited to:
  - Leaving the person with a responsible adult or medical professional.
  - Leaving the person alone once the crisis has been resolved.
  - Transporting the individual to a medical facility.
  - Contact Crisis Care to possibly respond to the scene.
  - If there are criminal acts, making an arrest.
- 3 If a mentally ill person is to be transported to a medical facility, they shall be handcuffed and transported according to the procedure outlined in **General Order 3.03-1, Prisoners.**

#### IX. MOBILE CRISIS RESPONSE TEAM

This team consists of CIT officers assigned to patrol operations divisions who have been tasked with responding directly to mental health crisis issues. Officers respond under the same guidelines as CIT officers in Section VIII and provide the following during their duty shifts:

- A. Response to decrease the number of repeat contacts with the Dayton Police Department,(not including self-initiated by mobile crisis response unit), by known callers with mental health and /or substance use related symptoms that may or may not be linked with mental health services and engage in crisis de-escalation services.
- B. Provide follow up services to the identified target individuals who have been identified as high end or identified by community partners.
- C. Increase community resource information for mental health and substance use services to the general population at large within the DPD jurisdiction.
- D. Engage in harm reduction with individuals who may be at risk of drug induced or self-inflicted death.
- E. Through the above activities, officers participate in the following:
  - Follow up with repeat callers on scheduled work days
  - Assess for risk and least restrictive environment as hospitalization may be warranted
  - Provide information regarding community resources and assist with linkage and referral services to treatment providers
  - Offer crisis services at CrisisCare and either transport the individual to CrisisCare or schedule a crisis service
  - Participate in community round table meetings monthly.