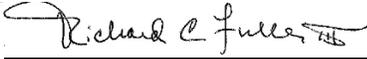


Kalamazoo County Sheriff's Office 	Written Directive		No.	2.1.26
	Subject	KCSO RESPONSE TO PERSONS WITH MENTAL DISORDERS		
	Effective Date	10/2/2020	Authorized By	
	Revision Date	10/2/2020	Sheriff Richard C. Fuller, III	
	Reviewed Date	10/2/2020		

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I. PURPOSE

This policy defines the Kalamazoo County Sheriff's Office commitment and the officer's responsibility in responding to situations involving individuals with mental illnesses or developmental disabilities. The overall purpose of this policy and procedure is to offer guidance to law enforcement officers in their response to individuals with mental disorders. KCSO is an essential component of area local services, which provide support and assistance to those with mental disorders, family members, and the community at large. Officers must determine the most fair and humane response within the context of each situation. The establishment of this policy is intended to help mitigate indecision and ambiguity in the minds of responding officers and to engender confidence when exercising judgment in the performance of their duties.

II. GOALS

The overall goals of the agency's mental disorder response policy are to:

- A. Reduce injuries to responding officers by using proper de-escalation techniques;
- B. Increase the safety of consumers by using appropriate communication strategies;
- C. Identify a community-based approach as a response to those with mental disorders;
- D. Identify appropriate resolutions available to responding officers at the scene; and
- E. Reduce the stigma associated with mental disorders.

III. DEFINITIONS

The term “**mental disorder**” is difficult to define precisely. Behaviors seldom fit into neat categories and the categorizations themselves are not always mutually exclusive. Consumers may have more than one disorder or may also have a drug dependency, making it difficult to determine which actions or behaviors result from which underlying problems. Sometimes a person with a developmental disability may also have a mental illness.

Mental Illness (MCL 330.1440(g)) – means a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.

Mental illness may develop at any point during an individual’s lifetime and may sometimes be temporary and reversible. Mental illness is not connected to an individual’s level of intellectual functioning and may not necessarily impair social adaptation.

A **developmental disability** is a condition that may occur from birth or early childhood, which prevents the individual from being fully independent. Developmental disabilities are characterized by the inability to live independently, an inability to communicate, care for oneself, or hold a job.

Person in crisis - A person whose level of distress or mental health symptoms have exceeded the person’s internal ability to manage his/her behavior or emotions. A crisis can be precipitated by any number of things, including an increase in the symptoms of mental illness despite treatment compliance; noncompliance with treatment, including a failure to take prescribed medications appropriately; or any other circumstance or event that causes the person to engage in erratic, disruptive or dangerous behavior that may be accompanied by impaired judgment.

The **American with Disabilities Act (ADA)** entitles individuals with mental illness or developmental disabilities to the identical services and protections that law enforcement agencies provide to any citizen. The ADA calls for law enforcement agencies and agency members to make reasonable decisions in their dealings with those with mental disorders, within the context of the ADA.

Protective Custody (MCL 330.1100(c)) – means the temporary custody of an individual by a peace officer, with or without the individual’s consent, for the purpose of protecting that individual’s health and safety, or the health and safety of the public, and for the purpose of transporting the individual if the individual appears, in the judgment of the peace officer, to be a person requiring treatment. Protective custody is civil in nature and is not to be construed as an arrest.

IV. POLICY

KCSO members shall afford individuals with mental disorders all legal rights and access to governmental services that are provided to all citizens. The core objectives of this policy are to ensure the safety of first responders and other individuals at the scene by improving the ability to act appropriately and to identify

the proper resolution for each situation. Officers are responsible for responding to many kinds of non-criminal incidents. Officers should respond safely to the scene, interpret verbal and behavioral cues accurately, and understand the legal authority to act, and work with partners in the community to best meet the needs of the consumer. Incarceration may not always be the best resolution. An arrest should be used only in situations where there is probable cause that a crime has been committed. Officers must consider a variety of options at the scene, including long-term resolutions, and initiate appropriate action depending on the context of the situation.

V. PROCEDURE

A. The Initial Response

1. When responding to a situation involving an individual with a mental disorder, officers shall carefully and safely assess the situation by determining the nature of the call and its context before deciding which resolution will be most appropriate. Responding officers shall obtain information from dispatch to determine if the situation involves potential violence, the presence of weapons, or physical injuries.
2. At the scene, officers must first evaluate dangerous or potentially dangerous behavior. This may include the involvement of alcohol or controlled substances, erratic behavior that may escalate to aggression toward the officer or others, or the immediate need for medical assistance.
3. Responding officers shall approach the scene by maintaining safety through proper positioning, maintaining personal space, using a tactical approach, looking for weapons and anticipating the potential for violent aggression.
4. Officers shall stabilize the scene using appropriate de-escalation techniques. In general, officers should approach the scene strategically and interact in a calm, non-threatening manner. The following de-escalation strategies can be used to calm a person who is experiencing an emotional crisis:
 - a. Avoid overreacting and indicate a willingness to help and understand;
 - b. Speak simply (but not simplistically) and move slowly;
 - c. Be patient, accepting, and encouraging, but also remain professional;
 - d. Announce actions before initiating them;

- e. Avoid touching (except for safety);
 - f. Request additional resources, back-up units, or assistance, as needed; and
 - g. Consider requesting any agency CIT trained officer to respond to the scene to assist.
5. Once the scene is stabilized, officers shall ask questions in a respectful manner and listen carefully to what the consumer and others are saying. Officers shall consider all relevant information and recognize the need for a thorough investigation.

B. Behavioral Reactions

1. KCSO officers may encounter a multitude of behaviors when responding to a call involving individuals with mental disorders. Officers must strive to accurately recognize and interpret behaviors at the scene in order to make the most informed decisions to resolve the immediate situation.
2. Behaviors associated with mental illness may include:
 - a. sitting, doing nothing, or being non-responsive;
 - b. wearing clothes inappropriate to the weather;
 - c. hearing voices;
 - d. demonstrating profound confusion;
 - e. displaying abnormal fear, panic, apathy; or
 - f. having endless energy or having grandiose plans.
3. Behaviors associated with developmental disability may include:
 - a. inattention or inactivity (or a combination of both);
 - b. social withdrawal;
 - c. unexpected behavioral outbursts such as screaming or laughing; or
 - d. worry out of proportion to the feared event.

C. Verbal Responses

1. Verbal cues associated with mental illness may include a rapid flow of unrelated thoughts, disorganized thinking (including loose associations), talking about delusions or hallucinations, or speaking very slowly or repeating words.
2. A person with a developmental disability may exhibit:
 - a. slurred speech or invented speech;
 - b. an inability to express thoughts clearly;
 - c. an intense desire to please those in authority; and
 - d. inappropriate laughing.
3. At the scene, officers may observe some behaviors that may be the result of either a mental illness or a developmental disability or a combination of both.

D. Interaction at the Scene

1. Officers shall communicate appropriately and effectively with consumers at the scene by:
 - a. treating the consumer with dignity and respect;
 - b. not arguing, but asking questions more than once for clarification;
 - c. maintaining honesty, patience, and understanding;
 - d. spending extra time to open the lines of communication; and
 - e. asking about medications or prior hospitalizations.
2. If practical, officers shall question family member and/or friends to learn about:
 - a. past suicide attempts or threatened suicide;
 - b. medications or drugs;
 - c. a history of mental disorders; or
 - d. a history of treatment or prior hospitalizations.

3. KCSO officers may observe medications at the scene used by the consumer to manage or control their symptoms. Common medications include:
 - a. Zoloft and Prozac;
 - b. anti-psychotics such as Mellaril, Haldol, or Thorazine; or
 - c. anti-anxiety medications such as Valium, Xanax or Ativan
4. Officers must recognize that consumers may stop taking their medications for a variety of reasons, including:
 - a. real or imagined serious side effects;
 - b. an inability to obtain prescriptions; or
 - c. a sincere belief that the prescribed medications are harmful.
5. Officers **shall not diagnose mental disorders** and the intent of this policy is not to make officers diagnosticians or clinicians at the scene. Inaccurate classifications of disorders may lead to inappropriate resolutions. But a fundamental understanding of the distinction between mental illness and developmental disability is clearly important for an appropriate response.

E. Interventions

1. KCSO officers shall make informed decisions regarding intervention strategies at the scenes. Officers shall evaluate the nature and seriousness of the situation by considering any physical injury, behavioral cues, current environment, and safety. The officers' decisions to resolve the situation must be based on the totality of circumstances and the legal authority to act.
2. The determination to take the individual into involuntary custody shall be based on a violation of the criminal statutes or a reasonable belief that the person requires treatment (PRT)—see Section F. Officers shall also check for violations of court orders or outstanding warrants.
3. Officers shall consider alternatives to involuntary custody, in the absence of a serious offense, outstanding warrant, or PRT. Alternatives include:
 - a. voluntary hospitalization;
 - b. outpatient treatment;

- c. counsel-and-release;
 - d. referral to a local community based mental health facility;
 - e. referral to local mental health practitioners, clinicians, or service providers; or
 - f. release to family members or peer support groups.
4. Almost all jurisdictions within Kalamazoo County including KCSO have specially trained crisis intervention trained uniform officers. KCSO Officers may request dispatch to put out a call for any CIT trained officer to respond to the scene. These officers may be able to offer alternatives for intervention and assist in communication with consumer and resources.

F. Person Requiring Treatment (PRT) (MCL 330.1401)

1. MCL 330.1401 defines PRT as a person who suffers from a mental disorder who can reasonably be expected to:
 - a. intentionally or unintentionally seriously physically injure him/herself or others;
 - b. is unable to attend to basic physical needs;
 - c. has judgment that is so impaired that he or she is unable to understand the need for treatment and whose behavior will cause significant physical harm; or
 - d. has judgment so impaired that he or she is unlikely to voluntarily participate in treatment that has been determined necessary.
2. Officers must recognize that a PRT may have judgment that is so impaired that he or she is unable to understand the need for treatment and whose behavior will cause significant physical harm. A PRT may also have weakened mental processes because of age, epilepsy, and alcohol or drug dependence.
3. Officers' decisions to take persons with mental disorders into custody, or protective custody, shall be based on whether the person has committed a criminal offense or whether the person reasonably appears to require treatment (MCL 330.1427). In addition, the person may be subject to a court order or the person may be in non-compliance with a court order (MCL 330.1475).

4. KCSO officers may use the kind and level of force that would be lawful if the officers were making an arrest for a misdemeanor without a warrant (MCL 330.1427a). In any circumstance, officers' actions must be objectively reasonable.

End of Written Directive
RCF