

**Oakland County Sheriff's Office
General Order # 3.17**



SUBJECT: Police Response to People with Mental Illness / Developmental Disability		NUMBER: 3.17
EFFECTIVE DATE: 5/3/2024 REVIEW DATE: Annually		MACP Standard Impact: 3.5.4
REPLACES AND RESCINDS: Policy & Procedure # 187	DISTRIBUTION: All Personnel	NUMBER OF PAGES: 8

This order replaces and rescinds all previously issued orders, procedures, rules and regulations, notices and/or practices in conflict with this General Order.

I. PURPOSE

The purpose of this General Order is to provide guidelines for Sheriff's Office personnel to utilize in determining the most appropriate, fair, humane course of action in responding to individuals suspected of having a mental illness/developmental disability.

II. POLICY

It is the policy of the Oakland County Sheriff's Office to afford people who have a mental illness/developmental disability the same rights and dignity as those provided to all citizens. Sheriff's Office personnel should recognize that there is not one set of rules to follow in these encounters. Personnel should consider the full array of services available in the community when responding to people with a mental illness/developmental disability, including the Pre-Book Jail Diversion Program for those having committed non-assaultive misdemeanors and non-assaultive, low-level felony offenses such as retail fraud and drug possession.

III. DEFINITIONS

- A. Mental Illness: A substantial disorder of thought or mood that significantly impairs judgment, behavior and capacity to recognize reality or ability to cope with the ordinary demands of life.
- B. Developmental Disability: A severe chronic condition, attributable to a mental and/or physical impairment that substantially limits functioning in several areas of major life activities, such as ability to communicate, live independently, care for oneself and/or hold a job.
- C. Person Requiring Treatment: A person who, because of a mental illness and/or developmental disability, can reasonably be expected to, within the near future, either:
 - 1. Intentionally or unintentionally physically injure themselves or others, and who has engaged in an act or acts or made significant threats that are substantially supportive of the expectation; or

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2. Has demonstrated an inability to provide themselves with food, clothing and shelter or to attend to basic physical activities such as eating, bathing, dressing, grooming or self-mobility, to the extent that the inability may lead in the near future to serious harm to the individual or others; or

IV. PROCEDURES

A. Mental Health Code – Protective Custody (MACP Standard 3.5.4d)

1. The purposes of protective custody are to:
 - a. Protect the individual's health and safety.
 - b. Protect the health and safety of the public.
 - c. Transport an individual to a mental health screening agency or hospital if the person appears to require treatment.
2. Pursuant to MCL 330.1427, if a deputy observes an individual conducting himself or herself in a manner that causes the deputy to reasonably believe that the individual requires treatment, the deputy may take the individual into protective custody and transport the individual to a pre-admission screening unit designated by a community mental health services program for examination.
 - a. A deputy may use the kind and degree of force that would be lawful if the deputy were affecting an arrest for a misdemeanor without a warrant. (SEE GO 'Response to Resistance'). Unless there is immediate danger to the individual, deputies or others, responding deputies should move slowly and allow the person time to calm down to gain voluntary cooperation before resorting to physical restraints.
 - b. Deputies may escalate or de-escalate according to the Response to Resistance General Order, depending on the totality of the circumstances. A deputy's actions should be an objectively reasonable and necessary response to the perceived threat. The safety of all involved parties--the victim, the person with a mental illness/developmental disability, family members, concerned persons, bystanders or police--is of paramount importance.
 - c. Before transport, the transporting deputy may take reasonable steps for self-protection, including handcuffing and a pat-down search of the individual only to the extent necessary to discover and seize a dangerous weapon that may be used against the deputy or others.
 - d. Upon arrival at the pre-admission screening unit or site designated by the pre-admission screening unit, the deputy shall execute a petition for hospitalization of the individual.
3. Deputies shall be aware that taking an individual to a community mental health services program's pre-admission screening unit or a hospital is not an arrest but a protective custody situation. The deputy must inform the individual that he or she is being held in protective custody and is not under arrest.

B. Signs and Symptoms of Mental Illness (MACP Standard 3.5.4 a)

1. Signs and symptoms of mental illness can vary, depending on the disorder, circumstances and other factors. Mental illness symptoms can affect emotions, thoughts and behaviors. Examples of signs and symptoms may include:
 - a. feeling sad or down.
 - b. confused thinking or reduced ability to concentrate.
 - c. excessive fears, worries or extreme feelings of guilt.
 - d. extreme mood changes from euphoria to depression.

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- e. withdrawal from friends and activities.
- f. significant tiredness, low energy or trouble sleeping.
- g. detachment from reality (delusions), paranoia or hallucinations.
- h. inability to cope with daily problems or stress.
- i. trouble understanding and relating to situations and people.
- j. problems with alcohol or drug use.
- k. major changes in eating habits.
- l. sex drive changes.
- m. excessive anger, hostility or violence.
- n. suicidal thinking.

C. Signs And Symptoms of Developmental Disabilities (MACP Standard 3.5.4 a)

1. The signs of developmental disabilities vary by condition; those that are more severe may show up sooner. Examples of signs and symptoms may include:
 - a. sitting up, crawling or walking later than other children of similar age.
 - b. learning to talk later or having difficulty speaking.
 - c. finding it hard to remember things.
 - d. having trouble understanding the rules of social behavior.
 - e. having difficulty "seeing" or understanding the outcomes of actions.
 - f. having trouble solving problems.

D. Voluntary Emergency Evaluation (MACP Standard 3.5.4 c)

1. Deputies should assist individuals and their family members, guardians and other concerned parties to facilitate voluntary inpatient admission.
2. The deputy should transport the person to the facility, preferably Common Ground Resource & Crisis Center, especially if a rapport has been established.
3. If the person decides not to pursue voluntary admission and does not appear to meet involuntary commitment criteria, the deputy should give the person referral information regarding mental health agencies and return to patrol.

E. Involuntary Emergency Evaluation/Involuntary Commitment (MACP Standard 3.5.4 d)

1. Transporting a person for mental health evaluation is appropriate when the person is deemed by the deputy as requiring treatment or when ordered by the courts and/or an application for admission is received along with a clinical certificate signed by a physician/licensed psychologist.
2. The deputy shall take the individual into protective custody for transport to a facility or mental health-screening agency, preferably Common Ground Resource & Crisis Center, unless medical attention is needed.
3. If feasible, the deputies should notify the receiving facility that an admission is being transported.
4. Upon arrival at the pre-admission screening unit or site designated by the pre-admission screening unit, the deputy shall execute a petition for hospitalization of the individual.
5. Prior to leaving a residence and if no adult is present to assume responsibility for the individual's home and/or property, the deputy should ensure the home is secure before leaving and/or personal property is documented and secured.

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6. Deputies should convey their observations of the individual's behavior to the mental health workers in as much detail as possible. All information should be documented in a case report, including a copy of the commitment order, physician certification or court order.
- F. Taking a Person with a Mental Illness/Developmental Disability into Custody (MACP Standard 3.5.4 d)
1. When responding to a call that involves a person who has a mental illness/developmental disability or is exhibiting symptoms of a mental illness/developmental disability, deputies should obtain as much information as possible to assess and stabilize the situation. Deputies should gather information regarding the nature of the problem behavior, events precipitating the behavior and the presence of any weapons. Deputies should speak with family members, friends and/or neighbors to determine the individual's history, previous experience, drug usage, medication compliance and potential for physical violence. These contacts also can be used for support to assist in the situation, if appropriate.
 2. If a person is not being arrested, but his/her behavior poses an imminent risk of serious harm to self or others, deputies may need to take reasonable steps to physically restrain the person as provided in the General Order 'Response to Resistance.'
 3. The behavior of a person with a mental illness/developmental disability may change rapidly. Deputies must recognize that an individual's level of cooperation might change suddenly. Unless there is immediate danger to the individual, deputies or others, responding deputies should be deliberate and allow the person time to calm down to gain voluntary cooperation before resorting to physical restraints.
- G. Assessment information by Dispatchers and Responding Deputies
1. The quality of information gathered and shared by a dispatcher affects the way deputies respond to and resolve a call for service. Gathering information is critical at all stages in assessing situations involving people with a mental illness/developmental disability but is especially critical at the onset.
 2. It is essential that the dispatcher collects information and relays it to the responding deputy to adequately prepare the deputy to properly respond to the scene. Information to be collected, if available, includes:
 - a. the nature of the atypical problem and/or behavior.
 - b. events that may have precipitated the person's behavior.
 - c. presence of weapons.
 - d. past occurrences of this type of behavior.
 - e. past incidents involving injury or harm to the individual or others.
 - f. prior suicide threats.
 - g. diagnosis, if known.
 - h. reliance on medication, type of medication and/or failure to take medications.
 - i. concerned parties available to assist deputies.
 3. The use of slang terms or derogatory referrals to describe a person with a mental illness/developmental disability is improper and unacceptable.

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- H. Deputy Response to Persons with a Mental Illness / Developmental Disability (MACP Standard 3.5.4 b)
1. The following are suggestions on how to approach and interact with people who have or are suspected to have a mental illness/developmental disability. Deputies should follow as many of these suggestions as are appropriate to the situation, taking into consideration their safety, the safety of the person to whom they are responding and the safety of all others at the scene.
 - a. Remain calm and avoid overreacting.
 - b. Be helpful and professional.
 - c. Provide or obtain on-scene emergency aid when treatment of an injury is urgent.
 - d. Follow procedures indicated on medical alert bracelets or necklaces.
 - e. Indicate a willingness to understand and help.
 - f. Speak simply and briefly and move slowly.
 - g. Remove distractions, upsetting influences and disruptive people from the scene.
 - h. Understand that a rational discussion may not take place.
 - i. Recognize that the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds (voices) or the environment.
 - j. Be friendly, patient, accepting and encouraging, but remain firm and professional.
 - k. Be aware that your uniform and law enforcement equipment may frighten the person; reassure if necessary.
 - l. Announce actions before initiating them.
 - m. Gather information from family or bystanders such as types of medications, history of treatment, current treatment plans, etc.
 - n. If the person is experiencing a psychiatric crisis, call Common Ground (988 or the crisis line 1-800-231-1127) for an immediate response.
 2. Deputies should avoid the following behaviors in approaching/interacting with persons with a mental illness/developmental disability:
 - a. moving suddenly, giving rapid orders and/or shouting
 - b. forcing discussion
 - c. direct, continuous eye contact
 - d. touching the person (unless essential to safety)
 - e. crowding the person
 - f. expressing anger, impatience or irritation
 - g. assuming that a person who does not respond cannot hear
 - h. using inflammatory language ("crazy," "psycho," "mental")
 - i. challenging delusional or hallucinatory statements
 - j. misleading the person to believe that deputies on the scene think or feel the way the person does.
- I. Possible Deputy Resolution Responses
1. Once sufficient information has been collected about the nature of the situation and the situation has been stabilized, the following are a range of options the deputy should consider when selecting an appropriate disposition:
 - a. Refer or transport the person for medical attention if he or she is injured.
 - b. Release.
 - c. Release to care of family, caregiver or concerned party.
 - d. Refer or transport to mental health services.
 - e. Refer or transport to substance abuse services.
 - f. Assist in arranging voluntary admission to a mental health facility, if requested.

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- g. Transport for involuntary emergency mental evaluation.
 - h. If a non-assaultive crime is committed, consider entry into the Pre-Book Jail Diversion Program.
 - i. Arrest, if a crime has been committed and is not appropriate or eligible for Pre-Book Jail Diversion.
 2. Deputies should use their best judgment in assessing and responding to situations involving people who have or appear to have a mental illness/developmental disability. Not every situation or response can be outlined in detail and the deputy should use their discretion as to the best long-term resolution.
 3. Deputies responding to a call involving a person with a mental illness/developmental disability should make a CLEMIS entry identifying the person as having a disability to assist other law enforcement deputies if there are any future contacts.
 4. Deputies are required to report suspected abuse, neglect or exploitation of vulnerable adults who are unable to protect themselves from these conditions. Justification for reporting exists if the alleged victim is an adult at risk of harm from abuse, neglect or exploitation and there is reasonable belief that the alleged victim is vulnerable and in need of protective services.
 5. If the person is suspected of being the victim of a crime, contact the patrol investigator for follow-up.
- J. Confidentiality
 1. Any deputy having contact with a person who has a mental illness/developmental disability shall keep related information confidential except to the extent that revealing information is necessary to conform to departmental reporting procedures or official mental health/medical proceedings. Disclosing protected health information, in a non-emergency situation, is a felony.
- K. Jail Diversion
 1. The Oakland County Sheriff's Office is part of a community-wide effort to link people with a mental illness/developmental disability to the appropriate treatment and/or services in their community as an alternative to incarceration. Jail diversion relies upon the cooperative efforts of police, corrections staff, the justice system and community mental health providers.
 2. Pre-Book Jail Diversion occurs at the point of contact with law enforcement deputies, before admission to jail and/or before formal charges are brought against the individual.
 3. Post-Book Jail Diversion occurs after an individual has been admitted into the jail.
- L. Oakland County Pre-Book Jail Diversion Program
 1. Community Mental Health providers and the Oakland County Sheriff's Office, in cooperation with the Oakland County Prosecutor's Office, have implemented a process that facilitates immediate referral for a mental health evaluation for persons having or suspected of having a mental illness/ developmental disability and who have committed a non-assaultive misdemeanor and/or felony.

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2. The diversion from the criminal justice system occurs at the time of contact with the law enforcement personnel, when the deputy makes the decision to pursue a diversion into mental health services instead of pursuing criminal charges.
3. The Resource & Crisis Center (Common Ground) should be the default location for a deputy to transport a person seeking assistance with mental health or substance use disorders. It is not required to call in advance; however, it is helpful for the staff on site to be made aware of incoming police drop-offs. It can also allow deputies to address questions or concerns regarding the person being assisted.
4. If a person needs serious medical attention, deputies should transport the person to a hospital emergency department. Common Ground Resource & Crisis Center only has limited capacity to treat minor medical concerns.
5. The deputy, with assistance from the mental health provider (if appropriate), should have the person sign a Jail Diversion Notice form. Signing is voluntary; if the person chooses not to sign, the deputy can then pursue involuntary commitment (if appropriate), file formal charges or pursue other options.
6. The Jail Diversion Notice is an agreement between the deputy and individual that charges will not be filed if they are compliant with the treatment plan established by the mental health provider. The Notice also serves as a release of information so the mental health provider can communicate compliance or noncompliance to the arresting deputy.
7. The mental health provider is responsible for faxing a copy of the Jail Diversion Notice to the Jail Diversion Coordinator.
8. The Jail Diversion Coordinator should notify the arresting deputy within 30 days if the individual is non-compliant with the treatment plan. The deputy then may file formal charges or pursue other options.
9. For questions/consultations regarding the Jail Diversion Program, contact the Behavioral Health Justice Liaison Supervisor at 248-975-9584.

M. Documentation

1. A case report shall be completed for protective custody incidents. This report must not be treated for any purpose as an arrest or criminal record unless during the protective custody incident the subject commits a crime or the deputies receive a report of a crime.
2. Any force used during the event shall also be documented as required by the General Order 'Response to Resistance.'

N. Training

1. Initial Training (**MACP Standard 3.5.4 e**)
 - a. All sworn personnel shall receive training on interacting with people who have mental illness (such as Mental Health First Aid for Deputies or Crisis Intervention).

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2. On-going Training (**MACP Standard 3.5.4 f**)
 - a. Deputies shall undergo mental health refresher training annually.



ISSUED BY: Sheriff Michael J. Bouchard