

GENERAL ORDER



Topic

Processing of Persons who may suffer from Mental Illness

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Distribution

A

Replaces / Rescinds

General Order 308.4 (Processing of Persons who may suffer from Mental Illness)

DISTRICT OF COLUMBIA

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I. Background

The purpose of this order is to establish the policy and procedures for the treatment, processing and disposition of suspected mentally ill persons taken into custody by members of this Department.

II. Policy

The policy of the Metropolitan Police Department is to treat and process suspected mentally ill persons in a manner which reflects sensitivity to the needs and rights of the persons involved, and to work cooperatively with all public and private institutions to provide citizens of the District of Columbia with a viable and effective mental services program. Understanding that mental illness is a disease and not a crime, it is preferable to assist a person into treatment rather than jail, especially for quality of life crimes.

III. Definitions

1. **Mental Illness** – when a subject displays an inability to think rationally, exercise adequate control over behavior or impulses (e.g. aggressive, suicidal, homicidal, sexual), and/or take reasonable care of his/her welfare with regard to basic provisions for clothing, food, shelter, or safety.
2. **Violent Act** – a state of intense, turbulent, or furious and often destructive action.

IV. Procedural Guidelines

A. Transportation of Suspected Mentally Ill Persons

1. Members shall use caution when transporting suspected mentally ill persons due to the potential threat of destructive and/or dangerous behavior to themselves and/or the transporting members. The transporting member will be responsible for taking additional safeguards to ensure a safe transition and notify the receiving agency of any medical problems and potential security hazards the prisoner presents. (CALEA 71.1.6-E)

- a. If the suspected mentally ill person is under arrest and/or violent, members shall use handcuffs or flexi cuffs, to prevent a prisoner from injuring anyone and escaping. However, restraining the prisoner securely without causing injury is important to eliminate further pain and suffering. (The prisoner shall be transported in compliance with general order 502.01 "Transportation of Prisoners") (CALEA 71.2.1)
- b. If the suspected mentally ill person is not under arrest, members shall use the minimal restraint necessary to avoid further aggravation or unnecessary injury of the person. While the use of restraints can, with some individuals, aggravate their aggression, officers should take these and related security measures necessary to protect their safety and the safety of others with whom the suspected mentally ill person will come in contact.
- c. If the suspected mentally ill person is violent, but not under arrest members shall use discretion in transporting the person in a transport vehicle. The member should request a transport wagon if the mentally ill persons violent behavior has escalated.

B. Hospitalization of Suspected Mentally Ill Persons

1. Mentally ill persons may enter and receive treatment at a hospital or other recognized facility for treatment and care of mental illness in the four methods: (In all instances, the member should provide transportation)

- a. Voluntary Hospitalization

Any person may apply to any public or private hospital in the District of Columbia for admission, as a voluntary patient, for the purpose of observation, diagnosis, care and treatment of mental illness. (Members shall transport a person to Psychiatric Emergency Services (PES) per their request).

- b. Hospitalization of Non-Protesting Persons

A member may refer a non-protesting individual for psychiatric hospitalization, with or without a referral from a qualified psychologist or psychiatrist if the need for immediate admission is obvious after a preliminary examination.

- c. Emergency Hospitalization

Any member authorized to make arrests in the District of Columbia, who has reason to believe that a person is mentally ill and, because of such illness, is likely to injure himself/herself or others if not immediately detained may, without a warrant, take such person into custody, transport him/her to a public or private hospital, and make application for admission for purposes of emergency observation and diagnosis. Such application shall reveal the reasons and circumstances under which the person was taken into custody.

d. Hospitalization Under Court Orders

Proceedings for the judicial hospitalization of any person in the District of Columbia may be commenced by the filing of a petition with the Commission on Mental Health Services (CMHS), by any member authorized to make arrests in the District of Columbia. Such a petition shall be accompanied by a certificate of a physician, psychiatrist, or qualified psychologist, stating that he/she has examined the person and is of the opinion that such person is mentally ill, and because of such illness is likely to injure himself/herself or others if allowed to remain at liberty; or by a sworn written statement by the petitioner that the petitioner has good reason to believe that such person is mentally ill and, because of such illness, is likely to injure himself/herself or others if allowed to remain at liberty, and that such individual has refused to submit to examination by a physician.

2. Members of the force shall take note of the fact that there is a significant distinction between the **reason to believe** and **probable cause** standards. The **probable cause** standard normally requires personal observation on the part of the member, whereas a member may have **reason to believe** based upon the personal observation of others.
3. Members shall be thoroughly aware of the criteria under which they may take a person into custody for emergency treatment at a mental health care facility. When coming into contact with a suspected mentally ill person, members of the force should determine if there is reason to believe, based on their own observations or on the observation of others, that the person:
 - a. Is likely to injure himself/herself or other persons if not immediately detained, as manifested by violent acts, or threats of violence, or by placing others in reasonable fear of such harm; or
 - b. Is likely to injure himself/herself, if not immediately detained, as manifested by evidence of attempts at, or threats of suicide or serious bodily harm, or evidence of any inability to provide for his/her basic human needs, including food, clothing, shelter, essential medical care, or personal safety.
4. Since there is no distinction in the law between public and private property, members of the force may take a suspected mentally disturbed person into custody for emergency hospitalization on either public or private property, without warrant, affidavit, or certificate.

C. Initiating Emergency Hospitalization and Medical Screening Procedures

Upon determining that a person clearly meets the criteria of a suspected mentally ill person in need of an emergency psychiatric evaluation, as outlined in the above order, the member should detain the mentally ill person for observation and evaluation. Once the decision is made to detain, these steps are to be followed:

1. Transport the mentally ill person to Psychiatric Emergency Services (PES) on the grounds of DC General Hospital, Building 14
 - a. If no criminal offense is involved, the name of the person shall not be entered in the Criminal Justice Information Systems (CJIS).
 - b. All persons being transported to PES for mental observation shall be searched prior to being placed in a transport vehicle. Weapons, or other items which could be used to inflict injury, shall be removed and properly recorded on the property book at the assigned organization element of the transporting member. All other personal property of the person being transported shall accompany the person to his/her destination.
(CALEA 71.1.1)
 - c. Should the suspected mentally ill person display the potential for violence, he/she shall be transported in a wagon or a transport vehicle. If the suspected mentally ill person is in need of emergency life-saving care upon being taken into custody, he/she should be transported by ambulance to the nearest hospital, accompanied by a MPD member. (CALEA 71.3.1)
2. Complete Superior Court Form FD (12) - 826

After arriving at PES, complete the Superior Court Form FD (12) – 826 (Application for Emergency Hospitalization by a Physician, Officer or Agent of D.C. Department of Human Services or an Officer Authorized to Make Arrests). This form is available at PES.

- a. The information entered on the FD (12) – 826 should clearly describe the specific behaviors or statements of the mentally ill person which led the officer initiating the emergency hospitalization to believe that the person was in imminent danger of harming himself/herself or others.
- b. Members may consult with the staff at PES for assistance with completing the FD (12) – 826 form.
- c. Additionally, the member initiating the emergency hospitalization shall prepare a PD Form 251 (Event Report), for a “Sick Person to the Hospital (MO)”.

A flowchart of this procedure is attached as Attachment A

3. Remain at PES

Members shall then remain at PES until a determination is made by a PES psychiatrist whether the person will need a medical screening at the DC General Hospital Emergency Care Center (DCGHECC). At any time during this period should the PES staff require and/or request the assistance of the transporting member in restraining the person being examined, such assistance shall immediately be rendered.

4. Medical Screening

If no medical screening is required, and the member has completed the emergency hospitalization process, then he/she can leave PES. If the PES psychiatrist determines that medical screening is needed, he/she will request that a member transport the mentally ill person to the DCGHECC. While at DCGHECC, should the staff require and/or request the assistance of the transporting member in restraining the person being examined, such assistance shall immediately be rendered. If the person is successfully treated at DCGHECC without being admitted, he/she shall then be transported by the member from DC General to PES for care.

5. Notify Telecommunication Operations Branch

Upon obtaining a Central Complaint Number (CCN) for the PD Form 251 report, members shall notify the Telecommunication Operations Branch (Teletype), with the name of the person involved.

D. Suspected Mentally Ill Persons Charged With a Criminal Offense

1. When it becomes necessary to charge a suspected mentally ill person with a criminal offense, the following procedures shall be complied with:

a. When Court is in Session

- (1) The arresting member shall prepare a PD Form 251, citing the appropriate offense, and shall have the arrested person booked and processed at the Central Cellblock, prior to presentment at court.
- (2) The court will determine the need for the arrested person to undergo mental observation prior to case adjudication; no FD (12) – 826 will be required.
- (3) Should, however, the arrested person's mental state be such that immediate presentment at the PES is required, the procedures outlined under paragraph C.b.(1) below shall be followed.

b. When Court is Not in Session

- (1) The arresting member shall prepare a PD Form 251, citing the appropriate offense and the fact that the arrested person was transported for mental observation to the PES. Additionally, the arresting member shall prepare a FD (12) - 826, and obtain from the Assistant District Commander at his/her assigned organizational element PD Form 311 (Notification of Intent to Discharge). This letter requests that the arresting unit be notified by St. Elizabeth's Hospital prior to the release of a person against whom criminal charges have been placed.

This will permit the arresting unit to respond and take custody of the person if the case has not yet been presented to the court.

- (2) Following booking and processing of the arrested person at the Central Cellblock, the person, along with the FD (12) – 826 and the PD Form 311, shall be transported to the PES.
 - (3) Should it be determined by the PES staff that there is no cause to hold the arrested person for further evaluation, the transporting member shall return the arrested person to the Central Cellblock for detention and presentment to court.
 - (4) Should the arrested person be held at the PES for further evaluation, the arresting member shall respond to court on the next court business day and present the case in the same manner as other hospitalized police prisoners. It shall then be the responsibility of the court to determine whether the arrested person should be detained for the purpose of evaluating mental competency.
2. If the arrested person required medical treatment at a hospital for an injury/illness after being taken into custody, the person shall be transported (by ambulance if necessary) to the nearest available hospital. A PD Form 313 (Request for Examination) shall be prepared accordingly.
 3. If the arrested person is treated and returned to the custody of the transporting member, he/she shall then be taken to the PES for evaluation. However, should the arrested person require admission to the hospital for medical care, action relating to the posting of guards, processing for identification, and case presentment in court shall be conducted in accordance with General Order PCA-502.07 (Medical Treatment and Hospitalization for Prisoners).

E. Service of Arrest Warrants on Patients Within a Mental Health Treatment Facility

When it becomes necessary to serve an arrest warrant upon a person undergoing care “in-patient” at a mental health treatment facility, (e.g., St. Elizabeth’s Hospital, D.C. General Hospital, the Psychiatric Institute of Washington, etc.), the following procedures shall be complied with:

1. Except in cases of emergency requests for police assistance, the service of arrest warrants within these facilities shall be conducted by non-uniformed personnel, who have their service weapons concealed from view.
2. Upon arriving at the treatment facility, members shall contact the person in charge, or the appropriate medical authority, at the facility, and request assistance in executing the warrant in a manner that would cause the least amount of disruption to the operations of the facility. In this regard, members of the force shall adhere to the facility’s procedures, and/or any existing protocols

between the facility and the Department, for conducting activities of this nature, including the securing of service weapons where required, and when the safety of the member is not jeopardized by such adherence.

3. It should be noted that patients may be receiving voluntary treatment for not only mental health problems, but also for related drug or alcohol abuse problems. As a consequence, federal law relating to the privacy of such treatment prohibits a facility from even acknowledging that the person named on the arrest warrant is, or has been, present in the facility, without a special court order which directs the facility to produce the person, and releases it from the restrictions of the governing law.

Therefore, upon applying for an arrest warrant, and prior to executing a previously issued outstanding warrant on a person known or suspected to be receiving voluntary treatment in a medical facility, other than the PES for a mental illness, drug abuse, or alcohol dependency, members of the force shall also request a court order for the compliance and cooperation of the medical facility in executing the warrant.

- a. Should court be in session at the time the person is taken into custody, he/she shall be taken directly to court, at which time the circumstances surrounding the arrest shall be made known, in order that the court may make an appropriate disposition/referral.
 - b. Should court not be in session at the time the person is taken into custody, he/she shall be taken to the PES as an arrested suspected mentally ill person. The medical staff at the PES will, as necessary, contact the facility from which the arrested person was removed for the purposes of determining the exact nature of the person's problem(s), and any special treatment that may be required.
 - c. If the person does not require admission at the PES, and is returned to the custody of the transporting members, he/she shall be taken to the appropriate Patrol District for processing or directly to court.
 - d. Should the person require admission at the PES, arresting members shall comply with General Order PCA-502.07 (Medical Treatment and Hospitalization for Prisoners).
4. Patients arrested on a warrant at St. Elizabeth's Hospital or John Howard Pavilion shall be taken directly to court, and following court shall not be processed through, or returned to the PES. Rather, they shall be returned to the Hospital of removal.

F. Assisting Agents of the Commission on Mental Health Services (CMHS)

Upon receiving a request for police assistance from a certified agent of the Commission on Mental Health Services (CMHS), the Communications Division shall dispatch a patrol vehicle to meet the CMHS agent to assist in detaining a mentally ill person. CMHS agents may request such a response via 911, or may request police presence at a scheduled time and place.

Members dispatched to assist the CMHS agents shall remain with the agents until such time as it is determined by the CMHS agent that:

1. The person being interviewed presents no danger to the agents, at which time the member shall return to service; or
2. The person being interviewed requires an emergency, psychiatric evaluation, and must be transported in a police vehicle to the PES.
3. When transport services are provided by this Department, from a location at which a CMHS agent is present, the agent will be responsible for executing a proper Superior Court Form FD (12) – 826 form.
4. Members who transport a mentally ill person at the request of a CMHS agent, shall be responsible for notifying the Communications Division, Telecommunication Operations Branch (Teletype), of the person's name and the location from which removed.

G. Providing Transport Services for other Law Enforcement Agencies

Upon request, this Department will provide transportation of suspected mentally ill persons taken into custody by other law enforcement agencies, (e.g., U.S. Secret Service, U.S. Capitol Police, Metro Police, etc.), to the PES. However, the agency member initiating the emergency hospitalization shall provide this Department's transporting member with a prepared Superior Court Form FD (12) – 826. The transporting member shall prepare a PD Form 251, and notify the Telecommunication Operations Branch (Teletype) of the name of the person hospitalized.

H. Juveniles

Juveniles taken into custody as suspected mentally ill persons shall be processed in the same manner as adults, with the exception that copies of PD Forms 251 and 379 shall be prepared and forwarded to the Youth and Preventive Services Division. Juveniles shall be taken to Central Intake Branch, Access Division, Commission on Mental Health. The access Division is located in Building 25, Room 124, on the grounds of D.C. General Hospital behind the D.C. Jail from Monday-Friday between 0830 and 1900 hours.

I. Attempted Suicides

Members responding to the scene of an attempted suicide, or investigating a case of this nature, shall search for and safeguard any medicine bottles, containers, etc., the contents of which were allegedly taken internally by the patient. It shall be the responsibility of the transporting and/or accompanying member to turn over any evidence to the unit's detectives responding to the hospital or to the member handling the case. It is important to the attending physician to know the ingredients of the alleged poison or agent taken; this can be ascertained from the label or, in case of a prescription, by contacting the drugstore that filled the prescription.

J. Emergency Response Team (ERT)

The Emergency Response Team (ERT) shall be responsible for assisting district units and officials of CMHS with taking custody of mentally disturbed individuals, who are either violent or have shown the capability of committing acts of violence.

K. District Officials

When receiving a call for service at a location where there is a suspected mentally ill individual, district officials shall:

1. Immediately respond to the designated location;
2. Assess the circumstances of the incident;
3. Assume command at scenes involving violent mentally ill individuals, until relieved by the Assistant District Commander or senior ERT official;
4. Ensure that the necessary police units are provided, when police service is required for handling suspected mentally ill individuals;
5. Notify the district Assistant District Commander and ERT through the Communications Division, when a violent mentally ill individual is involved and the official believes the services of ERT are required;
6. Notify CHMS, through the dispatcher, in cases where the services of CMHS may be useful in defusing a potentially dangerous situation involving a suspected mentally ill individual;
7. If applicable, follow the procedures outlined in General Order OPS-309.01 (Barricade/Hostage Situation and Other Unusual Incidents).

L. Assistant District Commanders

Assistant District Commanders shall:

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1. Monitor and respond to scenes involving violent mentally ill individuals, where it has been determined that the services of ERT are required;
2. Relieve (when necessary) the district official of command responsibilities upon his/her arrival on the scene of a violent mentally ill individual.
3. Serve as the liaison between the district units and ERT at scenes where mentally ill individuals are being taken into custody.

M. Emergency Response Team Officials

1. Upon receipt of a notification that members of CMHS have made a request for police assistance, the on-duty ERT official shall:
 - a. Contact CMHS to determine if the circumstances warrant an ERT response.
 - b. Establish background on suspected mentally ill individuals, to include such items as mental history, propensities for acts of violence, and the recent actions that required the call for mental health assistance.
 - c. Ensure, if appropriate, that ERT respond to the scene to assist with the apprehension and containment of the suspected mentally ill individual.
2. Upon receipt of a notification that district officials have made a request for ERT assistance, the on-duty ERT official shall:
 - a. Make an assessment of the circumstances surrounding the incident;
and
 - b. Take the necessary action to ensure an appropriate ERT response.
3. After arriving on the scene, it shall be the responsibility of the senior ERT official to coordinate and handle the containment of the suspected mentally ill individual.

N. Director, Communications Division

The Director, Communications Division, shall be responsible for ensuring that the proper notifications are made pertaining to the contents of this directive.

V. Cross References

A. Resources

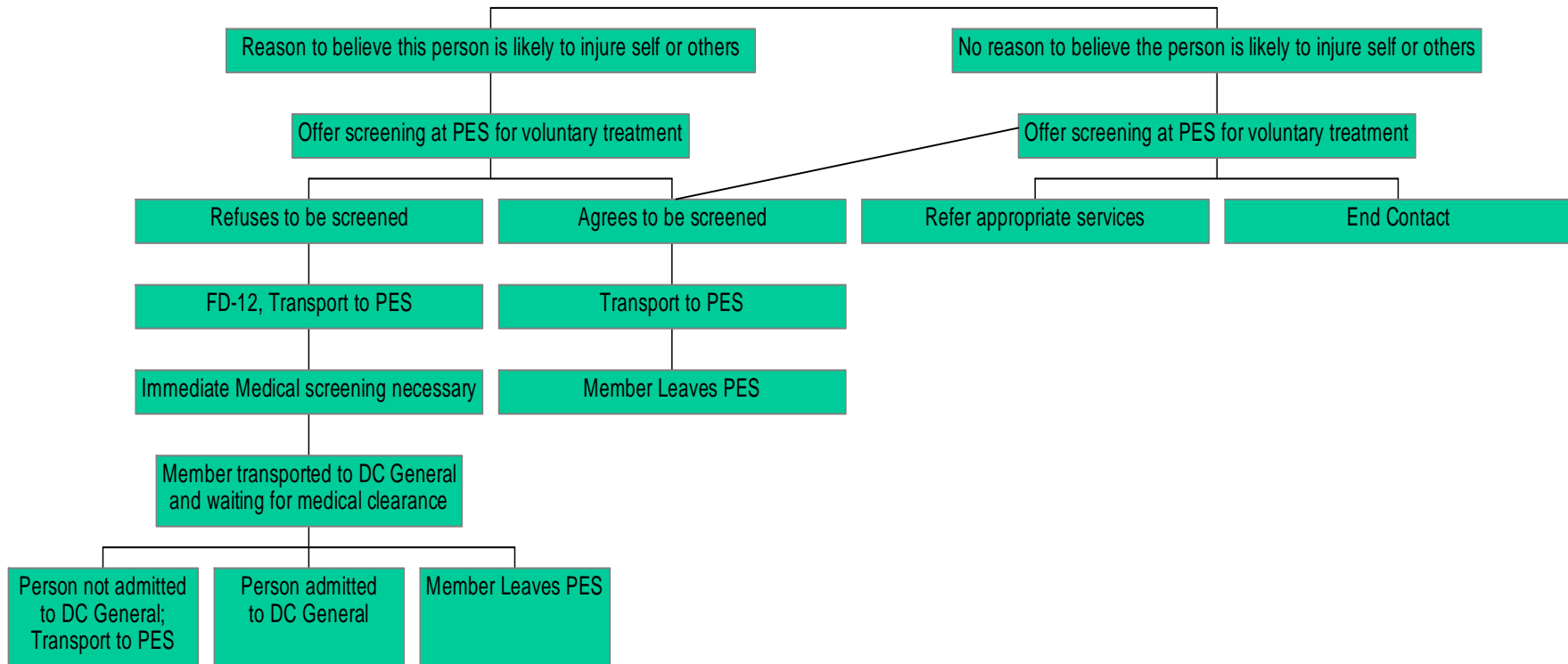
1. Barricade/Hostage Situation and Other Unusual Incidents GO-OPS-309.01
2. DC Code § 21-501 Hospitalization of the Mentally Ill
3. Medical Treatment and Hospitalization for Prisoners GO-PCA-502.07

// SIGNED //
Charles H. Ramsey
Chief of Police

Attachment

CHR:NMJ:wpm:uk

Processing of Persons who may suffer from Mental Illness



Attachment A