



DETROIT POLICE DEPARTMENT MANUAL

Series 200 Operations	Effective Date 04/01/03	Review Date 12/31/03	Directive Number 201.5
Chapter 201 - Patrol Operations			
Reviewing Office Risk Management Bureau			<input checked="" type="checkbox"/> New Directive <input type="checkbox"/> Replaces
References CALEA 1.2.6; 1.2.7			
Chief of Police Jerry A. Oliver, Sr.			

MENTALLY ILL AND HOMELESS PERSONS

201.5 - 1 **PURPOSE**

The purpose of this directive is to establish guidelines, policies, and procedures in the handling of persons who due to mental illness present a danger to themselves or others and cannot meet their basic needs.

201.5 - 2 **POLICY**

Mental illness is not a crime and does not, in itself, justify or require police intervention. Many mentally ill persons are capable of functioning on their own without danger to themselves or others. When persons appear to be mentally ill, the department's primary concern shall be to protect the mentally ill person and other citizens.

201.5 - 2.1 **Protective custody**

State law permits law enforcement officers to take into protective custody individuals who require treatment under the following conditions:

1. A person who is mentally ill, and who as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally physically injure himself, or herself, or injure another in a serious manner, and who has engaged in an act or acts, or made significant threats that are substantially supportive of the expectation, or
2. A person who is mentally ill, and who as a result of that mental illness is unable to attend to those basic physical needs such as food, clothing, or shelter that must be attended to in order to avoid serious harm in the near future, and who has demonstrated that inability by failing to attend to those basic physical needs.

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A person whose mental processes have simply been weakened or impaired by reason of advanced years, epilepsy, alcoholism, or other drug dependencies shall not be deemed a "person requiring treatment."

Recognizing abnormal behavior

When a member observes an individual acting in a manner, which causes the officer to reasonably believe that the individual is a "person requiring treatment" as defined above, the officer shall take the individual into protective custody and transport the person immediately to Detroit Receiving Hospital, unless an alternative emergency psychiatric treatment center has been designated. If the officer observing the conduct has any doubt as to whether or not the individual is a "person requiring treatment," the officer shall request a supervisor be dispatched to the scene.

The supervisory officer shall determine if the individual is a "person requiring treatment." When the decision is made to convey, the officer observing the conduct will make the conveyance. The officer will be the petitioner and will complete the Application for Admission at the hospital. The individual shall not be taken to the prisoner ward nor be registered on an arrest ticket.

Mental illness is often difficult for even the trained professional to define in a given individual. Officers are not expected to make judgments of mental or emotional disturbances but rather to recognize behavior that is potentially dangerous or destructive to self or others. The following are generalized signs and symptoms of behavior that may suggest mental illness although officers should not rule out other potential causes such as reactions to narcotics or alcohol or temporary emotional disturbances that are situationally motivated. Officers should evaluate the following and related symptomatic behavior in the total context of the situation when making judgments about an individual's mental state and need for intervention absent the commission of a crime.

Degrees of reaction

Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.

Extreme rigidity or inflexibility

Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

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Dealing with the mentally ill

Should the officer determine that an individual may be mentally ill and a potential threat to themselves, the officer, or others, or may otherwise require law enforcement intervention, the following responses provide general guidelines.

1. Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing, with the individual;
2. Move slowly and do not excite the disturbed individual. Provide reassurance that the police are there to help and that they will be provided with appropriate care;
3. Avoid topics that may agitate the individual and guide the conversation toward subjects that help bring the individual back to reality;
4. Always attempt to be truthful with the individual. If a subject becomes aware of deception, they may withdraw from contact in distrust and may become hypersensitive or retaliate in anger.

201.5 - 2.2 Conveyance when presented with an application for admission

The officer shall take the individual named in the document into protective custody and convey the individual to a designed crisis stabilization unit when the officer is presented with the following:

1. A completed Application for Admission and Physician's or Psychologist's Certificate;
2. Application for Admission and Court Order for Examination and Transportation;
3. Order of Transport and Hospitalization, or
4. Order of Transport,

201.5 - 2.3 Persons on unauthorized leaves of absence

When a person has taken an unauthorized leave of absence from a state or federal mental institution, the director of the institution will notify the Michigan State Police, who will in turn enter this information into the Law Enforcement Information Network (LEIN). If such a person comes into the custody of this department, the person shall be taken to the Crisis Center at Detroit Receiving Hospital.

The member taking the individual into custody shall notify the officer in charge of the precinct station desk, who shall be responsible for contacting the Michigan State Police so that the individual's name is removed from the LEIN system. Personnel at Detroit Receiving Hospital will contact the institution to arrange for proper transportation.

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When a citizen telephones to request information relative to treatment and/or admission of persons who are mentally ill, the caller shall be advised to telephone the 24-hour Emergency Mental Health Services at (313) 224-7000, unless:

1. The caller possesses the required documents as delineated above for conveyance; or
2. The caller indicates a person has homicidal, suicidal or other dangerous tendencies.

When either of the above factors is present, sworn and non-sworn members receiving the call shall contact the emergency services operator and request a response unit.

If a citizen appears at a precinct or other department facility requesting information or assistance, direct that person to the Coleman A. Young Municipal Center Building, 9th Floor, Room 902, Probate Court, Mental Division, to describe the person's behavior and fill out the necessary documents. Under no circumstances shall a citizen be directed to go to the Crisis Center at Detroit Receiving Hospital for information or help with probate court paperwork. However, the person may be directed to call the 24-hour Emergency Mental Health Services at (313) 224-7000.

201.5 - 4 Mental Health Outreach Program

The Detroit Police Department in collaboration with the Detroit-Wayne Community Mental Health Agency and Northeast Guidance Center have developed a outreach program that identifies and provides appropriate services for individuals who are mentally ill or developmentally disabled who would otherwise be involved with the criminal justice system without mental health services.

201.5 - 4.1 Program goals

The program goals are designed to:

1. Assist law enforcement officers in intervening early concerning persons identified on the street or within their precinct lockups who may be mentally ill or have a developmental disability, to determine the best disposition for these persons, and to link them to treatment and support services;
2. To provide training and education to officers who are on the street interfacing with the mentally ill/homeless population and to provide an array of existing social services to the officers;
3. To assist in developing a partnership with various business communities in addressing homeless/mentally ill persons in the various locations throughout the city;

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4. To improve consumer and community safety, by providing on site consultation to police officers;
5. To assist the 36th District Court and Wayne County Circuit Courts in the appropriate dispositions of those homeless/mentally ill who are involved in the criminal justice system with the availability of treatment alternatives to incarceration.

201.5 - 5 Homeless persons

While all homeless persons are not mentally ill, it is evident that many persons who are homeless suffer from varying degrees of mental illness and/or substance abuse.

Homeless person – definition

An individual who lacks a fixed, regular and adequate nighttime residence or has a primary nighttime residency that is:

1. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
2. A private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.

201.5 - 5.1 Homeless procedure

At any time, and for any reason, a member may approach a homeless person, who has not been observed engaging in any criminal activity, to advise him or her of shelters, services, or assistance, which are currently available, including the Neighborhood Service Organization. The homeless person may or may not accept the advice or referral and may even walk away from the officer. The homeless person is under no legal obligation to remain and is free to walk away. The sole rationale is to proactively provide referrals to the homeless.

201.5 - 5.2 Transporting

Officers may transport homeless persons to homeless shelters when the person accepts such referrals. The homeless person shall be searched for weapons before being transported. Officers transporting a homeless person to any shelter shall comply with the intake procedures of the chosen organization. The name of the intake worker shall be noted on the officer's Activity Log Sheet, D.P.D. 250.

201.5 - 5.3 Arrest

Arrests of all persons, including those defined as homeless, shall comply with all applicable laws and departmental policies and procedures. However, when encountering a homeless person who has committed a misdemeanor law violation (e.g., begging, etc.) where the continued freedom of the individual would not result in disorderly conduct or a more serious offense, officers are encouraged to utilize referral services or other appropriate social service agencies in lieu of a physical arrest. It

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must be recognized that such referral is contingent on the voluntary agreement of the homeless person to accept such referral. The discretion to make a physical arrest of a person determined to be homeless for misdemeanor violations shall be the responsibility of the individual officer.

