

 <p>YALE UNIVERSITY POLICE DEPARTMENT GENERAL ORDERS <i>Serving with Integrity, Trust, Commitment and Courage</i> Since 1894</p>	ORDER TYPE: NEED TO REFER	
	<p>426 MENTALLY ILL AND HOMELESS PERSONS</p>	
	EFFECTIVE DATE: 27 JAN 2021	REVIEW DATE: ANNUAL

PURPOSE

The purpose of this General Order is to establish guidelines, policies, and procedures for Yale University Police Department members for the handling of persons who, due to mental illness, present a danger to themselves or others, and are in need of immediate care and treatment.

POLICY

Mental illness or homelessness 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, however, the Department’s primary concern shall be to protect the mentally ill person and other citizens.

DEFINITIONS

MENTALLY ILL INDIVIDUAL	A person who has 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.
PERSON IN CRISIS	A person receiving services from any mental health agency, or a person in need of services from the mental health system.
CRISIS INCIDENT	Calls involving persons known to have mental illness experiencing a crisis or reports describing behavior indicative of mental illness, and attempted or threatened suicides.
CRISIS INTERVENTION TEAM (CIT)	A partnership between the police, mental health professionals, and the community that seeks to achieve the common goals of safety, understanding, and service to persons in crisis, the mentally ill, and their families.
CIT OFFICER	A police officer trained and certified in first response crisis intervention. The CIT officer works in partnership with the CIT clinician to respond to incidents of persons in crisis.
HOMELESS INDIVIDUAL	A person 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.
PERSON WITH PSYCHIATRIC DISABILITIES	Anyone who has a mental or emotional condition that substantially and adversely affects his ability to function and who requires care and treatment excluding alcohol- or drug-dependent people.
DANGEROUS TO HIMSELF OR OTHERS	Means there is a substantial risk the individual will inflict physical harm upon his own person or upon another person.
GRAVELY DISABLED	Refers to a person who, due to mental or emotional impairment, is in danger of serious harm because he has failed or is unable to provide for his basic needs such as essential food, clothing, shelter, or safety. The person needs hospital treatment, which is available, but his psychiatric disabilities make him incapable of determining whether to accept it.

INCAPACITATED PERSON	A person whose judgment is impaired, as a result of alcohol or drug use, to the degree they are incapable of realizing and making a rational decision regarding the need for medical treatment.
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PROCEDURES

Protective Custody

Connecticut General Statutes Section 17a-503 provides, in relevant part: “(a) Any police officer who has reasonable cause to believe that a person has psychiatric disabilities and is dangerous to himself or herself or others or gravely disabled, and in need of immediate care and treatment, may take such person into custody and take or cause such person to be taken to a general hospital for emergency examination under this section. The officer shall execute a written request for emergency examination detailing the circumstances under which the person was taken into custody, and such request shall be left with the facility. The person shall be examined within twenty-four hours and, shall not be held for more than seventy-two hours unless committed under Section 17a–502.”

When persons are taken into protective custody under this statute, the officer must articulate their probable cause to believe that the person has a psychiatric disability (other than drug or alcohol dependency or intoxication) and they are dangerous to themselves or others or gravely disabled including all facts, evidence and witness statements in their written report.

Crisis Intervention Officers

Officers trained and certified in first response crisis intervention techniques should be dispatched to calls potentially involving persons in crisis such as: mental health disorders, traumatic incidents, sudden deaths, attempted suicides, medical assists/wellbeing checks, breaches of the peace/disorderly conduct, trespassing/refusing to leave property.

Dispatchers will compile as much information as possible about the nature of the call and the persons involved and record that information in the CAD comments section. CIT trained officers should be dispatched either as the primary or assisting unit and the on-duty supervisor should be notified of the incident and response.

CIT trained officers will:

- Respond to crisis incidents;
- Confer with the on-duty shift supervisor as to the resolution of the incident;
- Consult with clinicians, as appropriate;
- Notify transporting officers, supervisors and facilities in arrest cases that the prisoner is the subject of crisis intervention so that appropriate precautions can be taken,
- Properly document the incident.

Supervisors will:

- Monitor the dispatching of CIT officers to the appropriate calls and ensure that CIT procedures are followed;
- Ensure that a case report is properly completed and that the report is forwarded to the appropriate persons/facilities.
- Notify Yale Health Acute Care when a student is committed.

Recognizing Abnormal Behavior

- 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.
- When officers are confronted with a situation involving a mentally ill individual, they should endeavor to gain as much background information about the individual as possible. Some of the signs to help recognize mental illness in a person relate to significant changes in behavior including:
 - Others saying that the person is not "him/herself;"
 - Behaving in a way dangerous to themselves or to others;
 - Withdrawing into themselves, talking only to themselves;
 - Showing 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.
 - Having sensations that are not based on reality, such as:
 - Visions, strange odors, peculiar tastes or voices
 - Unrealistic ideas or grand thoughts about themselves
 - Believing that they are worthless (extreme depression)
 - Delusions (unrealistic ideas) about the world
 - Exaggerate events that occur
 - Strange losses of memory or not know the time, or where or who they are.
- Officers should not rule out other potential causes, such as effects of alcohol or psychoactive drugs, temporary emotional disturbances that are situational, or medical conditions.
- If the officer observing the conduct of the individual 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 arrange transportation for the person to be brought to an appropriate facility for evaluation. The officer shall execute a written request for emergency examination detailing the circumstances under which the person was taken into custody, and such request shall be left with the facility.

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.

- 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;
- 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;
- Avoid topics that may agitate the individual and guide the conversation toward subjects that help bring the individual back to reality;
- 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

Accessing Available Mental Health Resources

Department employees should be aware of available-mental health resources. A listing of these agencies is kept in the Dispatch Center, and includes:

- University Health Services (for undergraduate and graduate students);
- Magellan network (for Yale staff, faculty and dependents);
- The Connecticut Department of Public Health;
- Yale-New Haven Psychiatric Hospital – Psychiatric Unit

Conveyance when Presented with a Court Ordered Admission

When a court determines that there is probable cause to believe that an individual has “psychiatric disabilities” and is dangerous to himself/herself or others, or gravely disabled, that court may order that such an individual be taken into custody and transported to a general hospital for examination. Under these circumstances, the officer shall take the individual named in the document into protective custody and arrange transportation for the individual to the appropriate treatment facility for examination. See, C.G.S. § 17a-503(b).

Reporting and Documenting

An offense report shall be completed for incidents involving mentally ill or gravely disabled individuals. An emergency evaluation form shall be completed by the officer and a copy included with the case report when the officer determines that the evaluation is warranted.

The case report should include the following information:

- CIT subject/client personal identification information,
- Who, what, where, when, etc. (narrative section),
- Any visible injury to the subject or others,
- Location of treatment of the subject
- Name, address and phone number of any responsible family member on scene,
- Notifications made.

HOMELESS PERSONS

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

Procedure for Homeless Persons

At any time, and for any reason, an officer 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. 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.

Transporting Homeless Persons

Officers may, in their discretion, transport homeless persons to homeless shelters when the person accepts a referral. The homeless person shall be checked for weapons before being transported. Officers transporting a homeless person to any shelter shall comply with the intake procedures of the facility. The name of the intake worker shall be noted on the officer’s Offense Report (or CAD entry).

ARRESTS

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., Breach of Peace, Disorderly Conduct, etc.,) where the continued freedom of the individual would not result in a more serious offense, officers are encouraged to issue a misdemeanor summons or infraction or obtain an arrest warrant, in their discretion and utilize referral services or other appropriate social service agencies in lieu of a custodial arrest. A referral is contingent on the voluntary agreement of the homeless person to accept it. The decision to make a custodial arrest of a person determined to be homeless for misdemeanor violations shall be the responsibility of the individual officer.

PER ORDER OF

A handwritten signature in black ink, appearing to read "Ronnell A. Higgins", is enclosed in a thin black rectangular border.

RONNELL A. HIGGINS
DIRECTOR OF PUBLIC SAFETY AND CHIEF OF POLICE