



**CITY OF AKRON, OHIO**  
**POLICE DIVISION**  
**KENNETH R. BALL II, CHIEF OF POLICE**

<b>NUMBER</b> P-2020-048	<b>EFFECTIVE DATE</b> July 16, 2020	<b>RESCINDS</b> P-2010-048 Issued 5-19-10
<b>SUBJECT</b> Emergency Mental Illness Procedure		<b>ISSUING AUTHORITY</b> Chief Kenneth R. Ball II

**I. POLICY**

Officers will be trained to recognize and evaluate situations involving mental illness to determine the appropriate level of police intervention.

**II. DEFINITIONS**

- A. Mental illness – 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.
- B. Mentally ill person in crisis – Subject to emergency hospitalization who, because of the person’s mental illness:
  - 1. Represents a substantial risk of physical harm to themselves as manifested by evidence of threats of, or attempts at suicide or serious self-inflicted bodily harm; or
  - 2. Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness; or
  - 3. Represents a substantial and immediate risk of serious physical impairment or injury to themselves as manifested by evidence that the person is unable to provide for and is not providing for their basic physical needs because of their mental illness and that appropriate provisions for such needs cannot be made immediately in the community; or
  - 4. Would benefit from treatment in a hospital for their mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or themselves.
- C. Crisis Intervention Team (CIT) – Consists of volunteer officers from each patrol shift who have received specialized training to handle the complex issues relating to mental illness. In addition to performing their regular duties, CIT officers will respond to mental disturbance calls.

- D. Mental Health Facility – An agency or institution that provides assessment and treatment for individuals with mental illness. Resources for acute crisis intervention include Psychiatric Emergency Services (PES), Akron General/Cleveland Clinic Hospital, and Summa Hospital for adults and Children’s Hospital for juveniles.

### III. PROCEDURE

#### A. OFFICER’S RESPONSIBILITIES

1. If an officer believes that a mentally ill person is in crisis, he shall investigate to determine what further action is appropriate.
  - a. Request that a CIT officer responds, if available. The CIT shall complete a CIT stat sheet or electronic equivalent after encounters with individuals experiencing a mental health crisis or whenever a CIT officer feels that it would be beneficial to forward documentation to aid in future outreach and assessment.
  - b. Notify the authorized mental health facility that an emergency mental illness case exists and that the person is being transported there.
  - c. Make arrangements for the proper transportation.
2. Exceptions to transporting to a mental health facility
  - a. In cases where a person is under the influence of drugs or alcohol, or requires medical treatment, and the officer still believes that the person requires emergency mental illness treatment, the officer shall have the suspect evaluated by EMS to determine if they should go to the hospital. If they are medically cleared, then they can be transported to a mental health facility. Officers should be aware that PES might not accept an EMS evaluation and clearance, demanding it come from a hospital emergency department if drugs, alcohol, injury or age/frailty factors exist. Resources for acute crisis intervention include PES, AGMC/Cleveland Clinic Medical Center and Summa Hospital and Children’s Hospital for juveniles. Officers should be aware that some medical conditions have symptoms that mimic mental illness; i.e. stroke, diabetes, head injuries, dementia, etc.
  - b. It should be noted that the patient’s choice comes first, followed by availability and proximity to the treatment facility.
3. When a mentally ill person is taken into custody, the officers shall identify themselves and inform the person that he is not under arrest. Further, the officer should inform the person that he is being transported to a mental health facility and identify the facility by name.

4. An Incident Report shall be made containing a complete description of facts concerning the voluntary or involuntary detention, as well as names, addresses and phone numbers of relatives and complaining party or reporting witnesses.
5. On scene CIT officers shall complete a stat sheet on each encounter with a person thought to have a mental illness. This sheet will be placed in the CIT tray.

#### B. SAFETY COMMUNICATIONS CENTER RESPONSIBILITIES

1. Dispatch a CIT officer. If one is not available, a request should be made over the radio for "any CIT officer available."
2. Dispatch EMS.

#### C. TRANSPORTATION OFFICER'S RESPONSIBILITIES

1. Mentally ill persons should not be transported in a prisoner wagon if at all possible.
2. When a person is deemed to be a mentally ill person in crisis, but refuses to be voluntarily transported, the transporting officer shall take the person into custody and have them transported to a mental health facility or hospital. The officer shall complete an Application for Emergency Admission (pink slip) detailing the circumstances and reasons why the individual was taken into custody. They may include, but are not limited to:
  - a. How they came into contact with the individual
  - b. Signs and symptoms of mental illness as observed and/or reported by witnesses
  - c. Risk assessment facts and statements
3. It is not required that an officer sign a pink slip when transporting a voluntary, nonviolent admittance. However, officers may consider signing when the subject meets the requirements of mental illness because it allows the mental health facility to hold patients for an assessment for up to twenty-three hours.
4. Transporting officers must remain at the mental health facility until the facility staff can manage the person. Officers shall inform facility staff of the circumstances surrounding the emergency admission and shall present them with the completed Application for Emergency Admission Form (pink slip).
5. A mentally ill person will not be transported in a police vehicle when he is not cooperative or is at risk of injuring himself. In such circumstances, EMS will be called to assist in restraining the person and arrange for a private ambulance to transport.

6. When the person is violent, handcuffed, has leg restraints, has criminal charges pending, or at the request of the paramedics, an officer shall accompany the person being transported.

D. In non-emergency mental illness cases where a person is obviously distressed or disoriented but not in danger, officers are encouraged to help the individual get to a treatment facility.

#### E. JUVENILES

1. All nonviolent juveniles considered to be emergency mental illness cases as defined in II B shall be taken to Children's Hospital Medical Center of Akron for an evaluation.
2. Juveniles who are violent, or have medical problems, shall be taken to Children's Hospital Medical Center of Akron emergency department.
3. An Incident Report is required. A Juvenile Report is to be completed **only** if a criminal complaint is signed or a criminal investigation is warranted.
4. The parent or guardian shall be notified and should also accompany the juvenile to the facility. If the parent or guardian is not available, a Juvenile Rule Six Report must be completed along with appropriate notifications to Children's Services Board.
5. Non-emergency mental illness cases may be referred to the Akron Child Guidance Center.

#### F. ESCAPED PATIENTS

1. An escaped involuntary admission patient, upon the verbal or written order of either the Department of Mental Health, the chief clinical officer from which the patient escaped, or the Court, may be taken into custody and transported to the hospital where the patient was hospitalized or to such a place as designated in the Order.
2. The officer shall immediately report such fact to the agency issuing the Order.

#### G. MENTAL HEALTH PROFESSIONALS' DUTY TO PROTECT

1. State law requires that mental health professionals report threats of serious physical harm or death to another person.
2. Officers responding to these calls from mental health professionals shall complete an Incident Report to include all of the following information:
  - a. The caller.
  - b. The nature of the threat.

- c. The identity of the mental health client or patient making the threat.
  - d. The identity of each potential victim.
  - e. If the person was not hospitalized by the mental health professional, specify the reason why.
  - f. Determine whether intended victim has been notified by the mental health professional.
3. If the intended victim was not notified by the mental health professional, the officer shall make every effort to notify the intended victim as soon as practical. The officer should also consider interviewing the suspect to determine whether there is a basis for criminal charges.

By Order Of,



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Kenneth R. Ball II  
Chief of Police

Date June 29, 2020