

FALMOUTH POLICE DEPARTMENT

STANDARD OPERATING PROCEDURE

Effective Date: May 27, 2010	Number: 37
Distribution: All Personnel	Rescinds: Deviant Behavior
Subject: Response to Mental Illness and the Process for Involuntary Commitment	
Signature, Chief of Police:	
Reviewed/Revised: Jan 13, 1997; Jan. 16, 1998; Feb. 1, 1999; Oct. 15, 2005; May 27, 2010; Dec. 21, 2010; Jan. 23, 2012; Oct. 7, 2013; Dec. 1, 2017	
Refer to:	

POLICY

It is the policy of this agency to assist individuals who appear to be mentally ill or experiencing a mental health crisis. This assistance will include, as appropriate, placing individuals in protective custody and participating in the involuntary commitment or “blue paper process.”

The Falmouth Police Department requires that 20% of its full-time law enforcement officers receive at least 8 hours of nationally recognized or best practice in-person training in Mental Health Identification Awareness for Law Enforcement Officers by January 1, 2018. After this date, the ratio will be maintained and reported annually to the Maine Criminal Justice Academy.

Given this is a statutorily mandated policy, officers must abide by this agency's policy as it applies to all standards of the Maine Criminal Justice Academy Board of Trustees.¹

PURPOSE

The purpose of this policy is to provide guidance to members of this agency on the options and resources available to assist individuals who appear to be mentally ill or experiencing a mental health crisis. This policy is intended to satisfy the mandatory policy requirements set by the Legislature regarding “Deviant Behavior”² and “Response to Mental Illness and Involuntary Commitment.”³

DEFINITIONS

¹ 25 M.R.S. § 2803-B

² 25 M.R.S. § 2803(1-C)

³ 25 M.R.S. § 2803(1-L)

- A. Advanced Healthcare Directive: An individual instruction from, or a power of attorney for health care by, an individual with capacity for use when the person appears to lack capacity.⁴
- B. Crisis Intervention Officer (CIO): An officer specifically trained in the identification, handling and disposition of individuals exhibiting signs of mental health crisis.
- C. Crisis Intervention Team (CIT): A group of individuals, including officers, specifically trained in the identification, handling and disposition of individuals exhibiting signs of mental health crisis.
- D. Crisis Service System: A program provided by the State Department of Health and Human Services to provide mobile crisis services anywhere in the State on a 24/7 basis. DHHS can provide triage for consumers, immediate responses to consumer needs when in crisis and assist with a proper disposition of the case. This may include hospitalization, placement in a “crisis bed,” in home supports, referral for services or no follow-up if it is not indicated. The statewide crisis system is accessed free by calling **1-888-568-1112 or through 211**. The person who answers will connect the caller to the provider in the local area.
- E. Forensic Intensive Case Managers and Police Ride Alongs: Individuals provided or funded by the State of Maine to provide case management services and assistance to consumers and LEO’s in dealing with individuals who have a major mental illness and who are involved in some aspect of the criminal justice system. They can potentially provide on site immediate services in the case of Ride Alongs in Waterville, Bangor, Augusta and Portland only. The Forensic Intensive Case Managers are not for crisis situations, but are attached to the county jail system and can assist in defining a plan of intervention that may assist in keeping someone out of jail or the hospital. They can be accessed by calling the regional DHHS office.
- F. Emergency Involuntary Commitment (Blue Paper Process): Three-step process by which:
 - 1. Any person (friend, relative, social services worker, LEO, etc.) applies for admission of an individual to a mental hospital,
 - 2. Clinician evaluates the individual, usually at a local hospital, and
 - 3. If the clinician certifies that the individual is mentally ill and poses a likelihood of harm, a judicial officer reviews and, as appropriate, endorses the paperwork reflecting the first 2 steps. These 3 steps are reflected on sections 1, 2, and 3 of the “blue paper,” an application for Emergency Involuntary Admission to a Mental Hospital, form MH-100.⁵
- G. Least Restrictive Form of Transportation: The vehicle used for transportation and any restraining devices that may be used during transportation that impose the least amount of restriction, taking into consideration the stigmatizing impact upon the individual being transported.⁶
- H. Mental Health Crisis: Behavior – such as loss of contact with reality, extreme agitation, severe depression, imminent suicidal or homicidal statements or actions, or inability to control actions – that creates a threat of imminent and substantial physical harm to the person

⁴ 18-A M.R.S. § 5-801 and § 5-802

⁵ 34-B M.R.S. chapter 3

⁶ 34-B M.R.S. § 3801 (1-B)

experiencing the behavior or to others and that appears to be of sufficient severity to require professional evaluation.

- I. Probable Cause: If a law enforcement officer has probable cause to believe that a person may be mentally ill and that due to that condition the person presents a threat of imminent and substantial physical harm to that person or to other persons, or if a law enforcement officer knows that a person has an advance health care directive authorizing mental health treatment and the officer has probable cause to believe that the person lacks capacity, the law enforcement officer may take the person into protective custody.
- J. Protective Custody: Custody taken by a LEO when that officer has determined that there exist reasonable grounds to believe, based on probable cause, that a person appears mentally ill and presents a threat of immediate and substantial physical harm to that person or other persons OR when the LEO knows that a person has an advance healthcare directive authorizing mental health treatment and the LEO has reasonable grounds to believe, based on probable cause, that the person lacks capacity.⁷
- K. Threat of Imminent and Substantial Physical Harm: A reasonably foreseeable risk of harm to someone, taking into consideration the immediacy of the potential harm, the seriousness of the potential harm, and the likelihood that harm will occur. Harm threatened may include:
 - 1. Suicide or serious self-injury.
 - 2. Violent behavior or placing others in reasonable fear of serious physical harm; and
 - 3. Reasonable certainty of severe impairment or injury because a person is unable to avoid harm or protect himself or herself from harm.⁸

PROCEDURES – Assessment and Protective Custody

- A. LEO's from this agency shall be familiar with the law of protective custody⁹. The LEO will assess the situation and determine if the person appears to be experiencing a mental health crisis.
- B. If the person appears to be experiencing a mental health crisis, the LEO will assess the need for protective custody taking into consideration whether the individual is willing to accept immediate voluntary commitment (see definitions of protective custody and probable cause) and should call CIT, CIO or DHHS State Crisis Service, if appropriate.
- C. If the LEO determines that protective custody is not appropriate, the LEO may refer the person to a medical or mental health practitioner, or for other services; leave the person in the care of friends, relatives or service providers, or; take other steps necessary to maintain public safety. Referral resources include:
 - 1. Local mental health agencies, with contact information.
 - 2. Local hospital with voluntary inpatient capacity, with contact information.
 - 3. Regional DHHS staff, with contact information.
 - 4. Licensed mental health professional in private practice, with contact information

⁷ 34-B M.R.S. § 3862

⁸ M.R.S. 34-B § 3862

⁹ M.R.S. 34-B § 3801(4)

5. Local DHHS contract crisis provider. Call toll free (1-888-568-1112) to connect with the local DHHS contract crisis provider.
- D. If the person requires protective custody and the requisite standard is met, or if the person has an advance healthcare directive and it is determined that the directive is applicable, the officer may take the person into custody and deliver the person for examination. The officer shall complete the “State of Maine Protective Custody Intake Form” and provide it to the examining clinician. The officer should retain a copy of the Maine Protective Custody Intake Form. (Appendix 1)
- E. The examination may be performed by a licensed physician, a licensed clinical psychologist, physician’s assistant, nurse practitioner, or certified psychiatric clinical nurse specialist.
- F. If the person in protective custody is alleged to have committed a criminal act for which a warrantless arrest may be made, the officer, in consultation with the licensed practitioner examining the person and the officer’s supervisor, shall determine the most appropriate confinement condition to satisfy the protection of the public and the person’s treatment.
- G. The LEO may provide either the family of the person in mental health crisis or to the person in mental health crisis a resource information card.
- H. If the clinician determines that the person does not satisfy the criteria for emergency involuntary hospitalization or that the person’s advance healthcare directive is inapplicable under the particular circumstances, the officer will release the person from protective custody and, with the person’s permission, either take the person home (if that is in the officer’s territorial jurisdiction) or return the person to the place from which the person was taken into custody, except that if the person is also under arrest, the officer will keep the person in custody until the person is released in accordance with law.
- I. If the examining clinician determines that the person satisfies criteria for emergency involuntary hospitalization, unless the law enforcement agency has a custody agreement with the health care facility to which the person is to be transported for examination, the officer shall transport or cause to be transported in the least restricted form of transportation the person to the hospital authorized by the judicial officer. However, if the examination is completed between the hours of 11:00 p.m. and 7:00 a.m., the officer may transport the person to a hospital that has agreed to an admission, and the hospital will secure a judicial endorsement as soon as possible thereafter.
- J. It should be noted that when a person is taken by an officer to a hospital for examination under this section and not admitted, the chief administrative officer of the hospital shall notify the officer or the officer’s agency of that release.¹⁰
- K. The LEO may provide either the family of the person in mental health crisis or to the person in mental health crisis a resource information card.

PROCEDURES – Billing and Documentation

¹⁰ 34-B M.R.S. § 3863 (6-A)

- A. This agency may bill the Maine Department of Health and Human Services (DHHS) for transportation expenses of a person to and from an examination that follows protective custody.¹¹ The total cost for protective custody transportation billing includes mileage and the fully impacted hourly rate of the officer(s).
- B. This agency may bill DHHS for transportation expenses of a person to and from a psychiatric hospital for admission authorized under the involuntary commitment (blue paper process).¹² The total cost for blue paper process transportation billing includes mileage and the fully impacted hourly rate of the officer(s).
- C. If a LEO who encounters a person in a mental health crisis takes any formal action, the LEO will document the action in an incident report or other form or format dictated by this agency's documentation requirements. The LEO will document any contact that results in protective custody with sufficient detail to establish probable cause.

PROCEDURES – Crisis Intervention Team

- A. Purpose: The Crisis Intervention Team (CIT) is established to provide this agency with qualified personnel trained in the handling of individuals in a mental health crisis. The primary goal of the CIT is to de-escalate the person in mental health crisis and ensure the proper disposition of individuals who come in contact with LEO's while in crisis. This is accomplished through the use of skills involving identification of types of crisis and the de-escalation of individuals.
- B. Selection: Selection to the CIT or as a CIO shall be the determination of the Chief Law Enforcement Officer (CLEO). Factors to be considered for eligibility include seniority, commendations, aptitude, disciplinary history, and prior training.
- C. Training:
 - 1. LEO's selected for the CIT program must complete a 40-hour block of CIT training or equivalent before being designated as a CIT officer.
 - 2. All CIT members should attend annual training determined by the CLEO to maintain proficiency.
 - 3. The CLEO will designate a LEO as the Team Leader of the CIT, who shall also maintain proficiency.

¹¹ 34-B M.R.S. § 3862 (4) (B)

¹² 34-B M.R.S. § 3863 (4) (C)

State of Maine Protective Custody Intake Form – Appendix 1

SUBJECT NAME		DOB		CASE #	
ADDRESS		TOWN		DATE/TIME OF INCIDENT	
LOCATION OF INCIDENT		POLICE DEPARTMENT		OFFICER NAME	
MEDICAL FACILITY NAME			DOCTOR NAME		
MENTAL ILLNESS	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Prior LE Contacts		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
KNOWN DIAGNOSIS	Depression <input type="checkbox"/> Bipolar <input type="checkbox"/> Anxiety/Panic <input type="checkbox"/> PTSD <input type="checkbox"/> Substance Dependence <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>			PENDING CRIM. CHARGES	No <input type="checkbox"/> Yes <input type="checkbox"/> List _____
THREAT ASSESSMENT	None <input type="checkbox"/> Suicide Threat <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Threat/Harm to Others <input type="checkbox"/> Threat/Harm to Police <input type="checkbox"/> Threat/Harm to Family <input type="checkbox"/> Threat/Harm to Medical Staff <input type="checkbox"/> Expressed Hopelessness <input type="checkbox"/>		INJURIES	Self Injury <input type="checkbox"/> Bystander Injury <input type="checkbox"/> Police Injury <input type="checkbox"/> Relative Injury <input type="checkbox"/> Medical/EMS Injury <input type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized <input type="checkbox"/>	
SUBSTANCE ABUSE	Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Methadone <input type="checkbox"/> Prescription Med's <input type="checkbox"/> Heroin <input type="checkbox"/> Other <input type="checkbox"/> _____		WEAPON/METHOD	Firearm <input type="checkbox"/> Edged Weapon <input type="checkbox"/> Overdose <input type="checkbox"/> Hanging <input type="checkbox"/> Jumping <input type="checkbox"/> Police <input type="checkbox"/> Traffic <input type="checkbox"/> Other <input type="checkbox"/> _____	
BEHAVIOR SIGNS AND/OR INDICATORS	Intoxicated/Impaired <input type="checkbox"/> Threats to Self <input type="checkbox"/> Threat to Others <input type="checkbox"/> Confused Speech <input type="checkbox"/> Irrational Statements <input type="checkbox"/> Irrational Behavior <input type="checkbox"/> Unable to Care for Self <input type="checkbox"/> Recent Negative Life Changing Events (Divorce, Job Loss, Death of Spouse etc.) <input type="checkbox"/>		PRIOR HISTORY	Suicide Attempts <input type="checkbox"/> LE Protective Custody <input type="checkbox"/> LE Non-Protective Custody <input type="checkbox"/> Prior Violence <input type="checkbox"/> Arrests <input type="checkbox"/> Self Injury <input type="checkbox"/> DV Assault <input type="checkbox"/> Psychiatric History <input type="checkbox"/>	
			CURRENT COURT ORDERS	Protection from Abuse <input type="checkbox"/> Protection from Harassment <input type="checkbox"/> Criminal Trespass Notice <input type="checkbox"/>	
CURRENT MEDICATIONS	Taking <input type="checkbox"/> Not Taking <input type="checkbox"/> Overdosing <input type="checkbox"/> Under Dosing <input type="checkbox"/>	<input type="checkbox"/> (Check, as applicable): <i>The above person has been taken into protective custody pursuant to 34-B M.R.S.A., § 3862. I hereby state that probable cause exists to believe that the person may be mentally ill and that due to that condition the person presents a threat of imminent and substantial physical harm to that person or to another; OR I am aware that the above person has an Advance Healthcare Directive authorizing mental health treatment AND have reasonable grounds to believe that the person lacks capacity (attach health care directive, as applicable)</i>			
Narrative Details Provide a BRIEF incident overview to establish probable cause for protective custody Use Specific Suicidal Comments made by the individual 					
<i>Copies should be retained by the transporting Law Enforcement Officer and the medical facility</i>					
OFFICER SIGNATURE			DOCTOR/ ADMITTING NURSE SIGNATURE	(Receipt acknowledged)	