FERNDALE POLICE DEPARTMENT	Responding to Mental Health Calls		
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1.0 PURPOSE

This policy defines the Ferndale Police Department's commitment and its officer's responsibility in responding to situations involving individuals with mental illness or development disorders. The overall purpose of this policy and procedure is to offer guidance to officers of the Ferndale Police Department in their response to individuals with mental disorders.

2.0 POLICY

It is the policy of the Ferndale police department to comply with the state mental health code when responding to situations involving individuals who are believed to have a mental illness. The department recognizes that mental illness is not a violation of law and that the mentally ill shall not be taken into custody unless the individual has committed an offense that would warrant an arrest, has demonstrated that he/she is a threat to themselves or to others, or a court order has been issued mandating treatment.

It is a goal of this department to have the entire patrol unit Crisis Interdiction Trained (CIT). Driving this goal is the requirement that, when available, CIT officers be sent to all calls for service with indicators of the involvement of an individual(s) with mental illness.

3.0 DEFINITIONS

MENTAL ILLNESS: A substantial disorder of thought, perception or mood which significantly impairs judgement, behavior, the capacity to recognize reality or ability to cope with the ordinary demands of life. Mental illness may develop at any point during an individual's life and may sometimes be temporary and reversible. Mental illness is not connected to a person's level of intellectual functioning and may not necessarily impair social adaptation.

DEVELOPMENTAL DISABILITY: A condition that may occur from birth or early childhood which may prevent the individual from being fully independent. Developmental disabilities are characterized by additional challenges to live independently, communicate, care for oneself or hold a job.

PERSON REQUIRING TREATMENT:

- A person who has a mental illness and who, as a result of that mental illness can be reasonably expected, in the near future, to intentionally or

unintentionally seriously physically injury themselves or another person, and who has engaged in an act or acts, or made significant threats that are substantially supportive of that expectation.

- A person who has a mental illness and who, as a result of that mental illness, is unable to attend to those basic physical needs that must be attended to in order for the person to avoid serious harm in the near future, such as food, clothing or shelter, and who has demonstrated that inability by failing to attend to those basic physical needs.
- A person who has a mental illness and whose judgement is so impaired that the person is unable to understand his or her need for treatment, and whose continued behavior, as a result of this mental illness, will likely result in significant physical harm to himself/herself or others.

VOLUNTARY HOSPITALIZATION: An individual who voluntarily requests treatment.

INVOLUNTARY COMMITMENT: A person requiring treatment who is taken to a hospital or screening center by admission of a petition or court order. Such a petition must be written in black ink and include the noteworthy behaviors or actions of the individual and all witnesses.

JUVENILE: Juvenile means any child found within the jurisdiction of the Family Division of a Circuit Court (MCL 780.781(e). The family division of a circuit court has exclusive original jurisdiction over any children who are less than 18 years old.

EMANCIPATED MINOR: Emancipation occurs by court order via a petition filed by a minor with the family Division of a circuit court. Emancipation also occurs by operation of law when a person reaches 18 years of age, is legally married or when the minor is in active duty with the armed services of the United States. (MCL722.1; 722.52)

EMERGENCY PROTECTIVE CUSTODY: The process of a law enforcement officer taking a person into custody for protection when there is a likelihood of serious harm to the subject or to others.

ALCOHOL INCAPACITATION : A person who because of the consumption of alcoholic beverages is unconscious, or has their mental or physical functioning so impaired, that they pose an immediate and substantial danger to their safety or is endangering the safety of others.

EXCITED DELIRIUM: A condition or psychiatric emergency that manifests as a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent and bizarre behavior, insensitivity to pain, elevated body temperature, and extreme strength.

4.0 OVERVIEW

Dealing with individuals who are known or suspected to be mentally ill is always difficult. It carries the potential for violence, requires the officer to make difficult judgments about

the mental state and intent of the individual and requires the employment of special skills and abilities. There are needed to effectively and legally deal with the person to avoid unnecessary violence and potential civil litigation. Given the unpredictable nature of the mentally ill, officers should take care to never compromise or jeopardize their safety or the safety of others. The following guidelines are provided to assist officers in determining whether a person's behavior is indicative of mental illness and how to deal with mentally ill people in a constructive and humane manner.

4.1 Symptoms of Mental Illness

A subject may be suffering from mental illness if he/she 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. (MLEAC 3.5.4 a)

4.2 Recognizing Abnormal Behavior (MLEAC 3.5.4 a)

While officers are not expected to come to conclusions as to the clinical extent of a mental illness, they need to be able to recognize behavior that is potentially destructive or dangerous to the person in question or others. The following generalized symptoms of behavior may be the result of mental illness or have other potential causes that include reactions to narcotics, alcohol or temporary emotional disturbances that are situationally motivated. Officers should evaluate the following and related symptomatic behaviors in the total context of the situation when making decisions about an individual's mental state and the need for intervention.

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

4.2.2 Appropriateness of Behavior: An individual who demonstrates extremely inappropriate behavior for a given context may be mentally ill. For example, a passenger who vents their frustration on a crowded bus by physically attacking another passenger, without provocation, may be emotionally unstable.

4.2.3 Extreme Rigidity or Inflexibility: Mentally ill people may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

4.2.4 Related Symptomatic Behavior: Law enforcement personnel are not expected to diagnose people suffering from mental illness. However, recognition of those suffering from mental illness can be drawn from observing their actions. In addition to those listed above, a mentally ill person can exhibit one or more of, but not limited to, the following characteristics:

- Hallucinations of any of the five senses (hearing voices, seeing things that are not there)
- Disconnection with reality
- Self-injurious behavior

- Delusions, the belief in thoughts or ideas that are false, delusions of grandeur or paranoid delusions.
- The belief that one suffers from extraordinary physical maladies that are not possible (someone who is convinced that their heart has stopped beating for an extended length of time)
- Extreme fright or depression
- Tendency to show distress, laughs or cries for no apparent reason
- Abnormal memory loss related to such common facts as name and home address (these may be signs of other physical ailments such as injury or Alzheimer's disease)
- Repetitive body movements
- Little or no eye contact
- Communication by pointing or gestures
- Repetition of phrases or words
- Unresponsiveness to verbal commands or a catatonic nature
- Difficulty in communicating and expressing oneself
- Other behaviors not appropriate to existing conditions or circumstances

4.2.5 Interviewing People with Mental Illness: Officers should be aware that people experiencing delusions, paranoia, or hallucinations might still be able to accurately provide information outside of their false system of thoughts. They may recall accurate details of things they have witnessed or statements they heard. If possible, the interview should be conducted in a setting free of people or distractions and conducted by only one officer. If appropriate, the interview should be short and brief. The officer should be patient and offer encouragement when conducting the interview. Information obtained should include any history of mental illness, past diagnosis, current medications, if they are current with the required dose, prior hospitalizations, prior suicide attempts and the presence of any suicidal/homicidal thoughts.

4.2.6 It should be noted that while individuals might appear to be experiencing symptoms related to a mental health crisis, they may also be experiencing a medical emergency, or a combination of all.

5.0 PROCEDURE (MLEAC 3.5.4 b)

5.1 Legal Authority (MCL 330.1401, MCL 330.1426 and MCL 330.1427) See ADDENDUM A and B

5.2 Officers are authorized by law to take a person into protective custody if that person: (MLEAC 3.5.4 b)

- Has been ordered into protective custody by a court order and upon delivery to a peace officer of an application and physician's or licensed psychologist's clinical certificate. The clinical certificate may not be immediately available and will follow later. In such circumstances a sealed court order is sufficient.

- The individual's judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.
- Can be reasonably expected within the near future to intentionally, or unintentionally, seriously physically injure himself/herself or another individual, and who has engaged in an act or acts, or made significant threats that are substantially supportive of the expectation.
- Is unable to attend to his or her basic physical needs for the individual to avoid serious harm in the near future, such as food, clothing or shelter, and who has demonstrated that inability by failing to attend to those basic physical needs.

5.2.1 Officers are to remember that taking someone into protective custody is a civil process in nature and is not to be considered an arrest.

5.2.2 The peace officer shall inform the individual that he or she is being held in protective custody and is not under arrest. An incident report shall be completed indicating the date, time, and place of the taking, but the incident shall not be treated for any purpose as an arrest or criminal record. (MCL 330.1427a)

5.3 An individual whose mental processes have been weakened or impaired by dementia, an individual with a primary diagnosis of epilepsy, or an individual with alcoholism or other drug dependency is not a person requiring treatment under this policy unless the individual also meets the criteria specified in section 5.2. An individual described in this subsection may be hospitalized under voluntary hospitalization provisions of this policy if he or she is considered suitable for hospitalization.

5.4 Determining Danger: While not all mentally ill people are dangerous, some may be dangerous or pose a threat to the officer under certain circumstances or conditions. Officers may use the following indicators to determine whether an apparently mentally ill person represents an immediate or potential danger to himself/herself, the officer or others: (MLEAC 3.5.4 b)

- The availability of any weapons or item that could be fashioned into a weapon.
- Statements by the person that suggest to the officer that the individual is prepared to commit a violent or dangerous act. These can range from subtle innuendos to direct threats. They must be coupled with an apparent means to carry out such a threat.
- A personal history that reflects prior violence under similar or related circumstances.
- Self-control: The amount of control that a person demonstrates is

significant, particularly the amount of self-control over emotions of rage, anger, fright or agitation.

- Signs of lack of control include extreme agitation, inability to sit still or communicate effectively, wide eyes, rambling thoughts or speech, clutching one's self or other objects to maintain control, begging to be left alone or offering frantic assurances that one is alright may also suggest that the individual is close to losing control.
- The volatility of the environment is a concern that officers need to evaluate. Agitators may affect the person, or a particularly unstable environment may incite violence.
- Failure to act on a threat of violence prior to arrival of the officer does not guarantee that there is no danger or threat.

5.5 Preventing Escalation: (MLEAC 3.5.4 b) People having a mental health crisis can be easily upset. They may engage in tantrums, self-destructive behavior or may become aggressive. Fear, frustration or minor changes in their daily routines and surroundings may trigger such reactions. Therefore, officers shall take measures to prevent such reactions and to deescalate the situation in the course of handling these matters. These include, but are not limited to, the following:

- Use patience and prepare for a potentially lengthy encounter.
- Use short, direct phrases.
- Speak calmly and use non-threatening body language (but at the same time do not compromise the basic tenants of officer safety).
- Do not force discussion.
- Avoid touching the person unless necessary for officer safety or the person's safety.
- Avoid direct, continuous eye contact.
- Communicate a willingness to help.
- Avoid crowding the person.
- Do not challenge the person on what they believe to be true or attempt to prove their reality is false.
- To the extent possible, attempt to eliminate loud sounds, bright lights or other sources of over stimulation.
- Keep animals away unless their presence is absolutely necessary for defense or apprehension purposes.
- Look for personal identification.
- Develop a rapport and try to use the person's first name.
- Identify, contact or locate any known contact person or caregiver.
- Remain alert and attentive to any observable sensory impairments.
- Maintain a safe distance and move slowly.
- Announce actions before initiating them.
- Determine if the person is a threat to themselves or others.
- Determine if the person has violated any law or ordinance.

- Determine the most appropriate course of action (counsel the person, direct to available health care options, contact family member or caregiver, voluntary hospitalization, petition for hospitalization, arrest).

5.6 Voluntary Hospitalization: (MLEAC 3.5.4 c) Situations where contact is made with people who have a mental illness are endlessly varied. In most of these instances no special steps are required other than to be patient and calm. However, where the officer is convinced the person is seriously disturbed but does not meet the criteria of a person requiring treatment, further action is required. Persons seeking voluntary treatment or evaluation for mental illness shall be referred to Common Ground, another area treatment facility or hospital. In these cases, the officer will complete an incident report citing all the pertinent information. In instances where a person also expresses any intention to harm themselves or others, a petition for hospitalization will also be completed in the event the person decides to refuse treatment later. Whenever possible, two officers will be dispatched to calls of this nature. The officer shall complete a Common Ground Mental Health Referral Form and forward the form by email to Common Ground and the Chief's Designee.

5.7 Involuntary Commitment/Petition for Hospitalization: (MLEAC 3.5.4 d) In situations involving a person for whom there is an existing court order for treatment, upon delivery to a peace officer of an application and physician's or licensed psychologist's clinical certificate, or the person is determined to be suffering from a mental health crisis requiring immediate treatment, the officer will make arrangements to have the person transported to an area treatment facility or hospital. If a court order does not exist, the officer may act as the petitioner if the commitment is based upon personal observations. If the commitment is based upon the observations of a witness, that information will be included in the petition along with the witness' personal information. The officer will complete a petition for hospitalization to include all the necessary information and provide the document to the transporting personnel. Officers will utilize black ink when completing the petition for hospitalization.The officer will complete an incident report citing all the pertinent information. Whenever possible, two officers will be dispatched to calls of this nature. The officer shall complete a Common Ground Mental Health Referral Form and forward the form by email to Common Ground and the Chief's Designee.

5.7.1 When considering whether a person is a candidate for involuntary commitment officers can consider a number of factors as it pertains to the ability to attend to their basic needs. These factors are to be considered as it pertains to the totality of the circumstances and do not, in and of themselves, constitute a basis for an involuntary commitment. Factors to consider include, but are not limited to, the following:

- The officer's prior history with the person, past incidents of petitioning the person, or

- Knowledge of a past court order for mental health treatment
- Manic type behavior that is inappropriate for the circumstances, such as increased energy, rapid speech or euphoria.
- Paranoid behavior such as inappropriately perceiving family members as threats.
- Delusional behavior.
- Behavior that is inappropriate for the circumstances, i.e. being awake in the middle of the night, inappropriately dressed for the environment.
- Refusal to take psychiatric medications.
- Behavior that the officer recognizes as common behaviors associated with the need for mental health treatment based upon his/her experiences in responding to people with mental illness.

5.8 Emergency Mental Health Treatment and Juveniles: The laws governing how juveniles are navigated through this process present different requirements. Officers are to remember a juvenile under this policy means any person under the age of 18. Additionally, when presented with a juvenile between the ages of 14 and under 18, there are different requirements and outcomes.

5.8.1 When dealing with any juvenile under the age of 18 a petition for hospitalization is not required for either involuntary commitment or voluntary hospitalization.

5.8.2 A parent or legal guardian may require their child to undergo an emergency psychiatric evaluation. The juvenile has no choice in the matter. This may even take place without the child displaying any overt symptoms in the officer's presence. Under such circumstances the parent requesting the treatment should be present or available to be directly interviewed. The parent shall complete a written statement documenting the reason or need for treatment. Responding officers will complete an incident report documenting the event and attach the statement to the report.

5.8.3 Under Michigan law a juvenile, at least 14 years of age but less than 18 years of age, who needs immediate emergency mental health treatment, or requests emergency mental health treatment, can do so without parental consent, approval or consultation (MCL 330.1498d). Officers will handle this situation as the would any other voluntary hospitalization with the exception of completing a petition. The only conditions to be met are the minor requests treatment and the minor is found suitable for treatment. There is a list of factors NOT to be considered when determining suitability. (See ADDENDUM C for the complete statute.)

5.8.4 In the event a parent or guardian refuses to allow the child to obtain treatment the officer will contact Child Protective Services Central Intake (855-444-3911). This may result in several possible outcomes to include: the on-call CPS representative responding to the scene, the contacting of the on-call family court referee, or emergency removal of the child. Officers on scene will work in conjunction with the CPS representative. In these circumstances an incident report will be completed which will include the name(s) and contact information of all CPS representatives involved in the resolution of the call. 5.8.5 While parental consent is not a factor in juveniles 14 years of age but less than 18, there is a parental right to know. As such, in circumstances where an officer encounters a juvenile between these ages, and the parent is not present, an attempt will be made to notify the parent/guardian (See ADDENDUM D for further).

5.8.6 Officers may consider whether bringing the parents directly into the matter will assist in a positive outcome or may be counterproductive. Friction between the juvenile and their parents may upset a calm situation if they respond to the scene. The proper course of action should be determined through a complete interview.

5.8.7 A parent/guardian may need to be contacted to verify the juvenile's age.

6.0 EMERGENCY PROTECTIVE CUSTODY TRANSPORT

6.1 Police officer transport: MCL 330.1427 authorizes officers to transport a subject who is in emergency protective custody to the closest hospital emergency room. Officers may transport a subject in cases where there is no medical emergency or other need for medical treatment, transport, or assistance.

6.2 One or more officers may be needed to go to the Emergency Room if the subject is combative or uncooperative. The officer on scene shall consult with a supervisor to determine if two officers will be needed to transport based on the subject's behavior and history. If the subject is, or has, demonstrated to be unpredictable and potentially dangerous behavior two officers should transport and the appropriate restraining devices used. (M 3.5.4 d).

6.3 If an officer determines a subject appears to be an incapacitated person or unconscious due to alcohol consumption or their blood alcohol level has a reading of 0.30 or higher this constitute a medical emergency and the Ferndale Fire Department shall be contacted for transport.

6.4 The supervisor may request the Ferndale Fire Department transport a subject based on staffing levels.

6.5 Officers will conduct a pat down of the person for offensive weapons, any object that may be utilized as a weapon or for any other item that may pose a threat to their self or another person. Any item, bag or container that will accompany the person shall also be subject to search. Restraints may be utilized as circumstances dictate.

6.6 Emergency Medical Service (EMS) transport: If a medical emergency exists, is thought to exist, or the subject otherwise needs medical treatment, the Emergency Medical Service (EMS) provider and the Ferndale Fire Department shall be contacted to provide medical assistance to the subject. In these instances, transport of a subject in emergency protective custody to the closest hospital emergency room should be done by EMS personnel.

6.7 This list is by no means exhaustive and is only intended to illustrate some of the most commonplace examples of medical emergencies:

6.7.1 A subject complaining of trouble breathing
6.7.2 A subject involved in a vehicle crash
6.7.3 A subject who has intentionally or unintentionally injured themselves, including overdosing on medications or substances

7.0 DISPATCHER RESPONSIBILITY

When desk personnel receive, information involving a person with a mental illness or a person requiring treatment, every effort will be made to check LEIN for any mental illness orders if the person's identity is known. This information is in addition to all other necessary, critical information for effective dispatching. A CIT officer should be first option, regardless of beat assignment, when available.

8.0 OFFICER RESPONSIBILITY (MLEAC 3.5.4 b)

8.1 If an officer observes an individual conducting himself/herself in a manner that 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 arrange for transportation to an area treatment facility or hospital.

8.2 In situations of a voluntary hospitalization the officer will complete an incident report.

8.3 In situation of an involuntary commitment the officer will complete a petition for hospitalization and an incident report.

8.4 In taking the individual into protective custody, an officer shall take reasonable steps for self-protection. These protective steps shall include a pat down as described in section 4.8. These steps shall be taken by the officer prior to the individual being transported for treatment.

8.5 An officer may use the kind and degree of force that would be lawful if the officer were effecting an arrest if the circumstances of that arrest required such use of force

8.6 Upon a peace officer receiving a court order for hospitalization, the officer shall take the individual named in the court order into protective custody and arrange for transport for treatment.

8.7 In circumstances where a person is being taken into protective custody the officer shall inform the individual that he or she is not under arrest but is being held in protective custody.

8.8 At no time should an officer take lightly any attempts or threats of suicide.

8.9 Once a decision has been made to take an individual into custody, do so as soon as possible to avoid prolonging a potentially volatile situation. Remove any dangerous weapons or items that may be utilized as a weapon and restrain the individual as circumstances dictate.

8.10 Any officer having contact with a mentally ill person shall keep such a matter confidential except to the extent that revelation is necessary during treatment, official proceedings or for conformance with departmental procedures regarding reports. Disclosing protected health information is a crime.

8.11 An officer, who receives a complaint from a family member of an allegedly mentally ill person, who is not an immediate threat or is not likely to cause harm to himself/herself, or is not a person requiring treatment, shall advise the family member to consult Common Ground, a physician, mental health professional or a local mental health agency for assistance. The officer shall complete a Common Ground Mental Health Referral Form and forward the form by email to Common Ground and the Chief's Designee.

8.12 Supervisor Responsibility: Whenever possible, a supervisor will be dispatched to calls of this nature. The supervisor will ensure that the officer’s actions are in accordance with this policy and that the appropriate action is taken.

9.0 EXCITED DELIRIUM

Excited delirium is a psychiatric emergency. It is a rare, but reoccurring category of people, who are frequently found to suffer from long term psychiatric issues or long-term drug abuse. People in a state of excited delirium are experiencing a medical emergency. It is often mistaken as a simple drug overdose. However, if medical attention is not administered in a very short amount of time, the results may be fatal as the person is often times near death. Death from excited delirium often has no explainable reason. Some common traits of excited delirium are:

- Paranoia
- Disorientation
- Dissociation
- Hyper-aggression
- Tachycardia
- Hallucination
- Diaphoresis
- Incoherent speech or shouting
- Agitated or hypervigilant state
- Little or no clothing
- Hyperthermia/overheating
- Superhuman strength
- Out of touch with reality
- Bizarre or irrational behavior

9.1 Due to these traits having some similarities to those of intoxicated disorderly subjects, a person experiencing excited delirium could initially be mistaken for a common disorderly subject. Typical officer responses could cause an escalation in the person's state of emergency. When dealing with those in a state of excited delirium, officers should refrain from shouting orders, moving or standing aggressively, speaking in a loud authoritative voice or other actions commonly used when an establishing a command presence.

9.2 Officers' goals when dealing with a person suffering from excited delirium: Events involving a person suffering from excited delirium are fluid, rapid evolving, dynamically changing scenes and present a risk to all involved. It is the very nature of these events that prevent specific rules for officers to follow. However, the basic goals are:

- Capture (Stabilize the scene)
- Control (Stabilize the subject)
- Provide medical treatment

9.3 Because those in a state of excited delirium are experiencing a medical emergency, emergency medical personnel should be involved as a part of the initial dispatching along with police. They should be on scene, as circumstances allow, prior to any attempt to control or stabilize the subject.

9.4 Concerns during restraint: While a person who is experiencing excited delirium is restrained, attempts should be made to handcuff the person behind their back with multiple sets of handcuffs. This will allow them to be secured on a transport gurney with their arms at their sides for medical treatment. Officers shall insure that the tightness of the handcuffs are not restricting circulation or causing injury and will document so in the report and any use of force form. Any restrained person in a state of excited delirium shall be constantly monitored by an officer until Ferndale Fire paramedics, or their designee, have taken custody of the person and begun transport for treatment. While monitoring, the officer should pay specific attention to the person's respirations, heart rate and degree of consciousness. They are to never be left alone under any circumstance.

9.5 Officer Considerations: The key to a successful outcome when dealing with a person experiencing excited delirium is training, planning and preparation even before an incident occurs. Officers should have a plan to fit the circumstances and have an adequate number of officers on scene to assist. EMS should be summoned from the onset and on scene prior to the control phase. Officers should be constantly professional and mindful that they are being observed by the public or family and are most likely being recorded. Officers should minimize language or tones that appear aggressive, threatening or uncaring tactics such as punches, strikes, etc., although justified and possibly necessary, will appear brutal and unnecessary to witnesses. Officers should be mindful that the use of non-lethal or less-lethal weapons, or pain compliance techniques, may not have the desired effect because of the psychiatric emergency being experienced.

9.6 The legal requirements noted in 5.0 (MCL 330.1401, MCL 330.1426 and MCL 330.1427) must be met in order to take into protective custody for "excited delirium".

10.0 PREBOOKING JAIL DIVERSION PROGRAM

The Ferndale police department is part of a community wide effort to link people with a mental illness/developmental disability to the appropriate services in their community as an alternative to incarceration. Community mental health providers, the Ferndale police and the Oakland County Prosecutor's Office participate in a process that facilitates people, having or suspected of having a mental illness/developmental disability, and who have committed a non-assaultive misdemeanor or low-level felony, with immediate referral for a mental health evaluation. Jail diversion relies upon the cooperative efforts of the police, corrections, the judicial system and community mental health providers. Pre- booking jail diversion occurs at the point of contact with law enforcement officers and before charges are sought against the individual. Consider the following points prior to transport:

- Call ahead @ 248-456-1991. This number will be answered by a staff member at the Oakland Assessment & Crisis Intervention Service which is the single intake point for all emergency Common Ground clients.
- Ensure that the subject is aware that diversion is occurring and that they agree. Their voluntary compliance is mandatory.
- Use the clearly marked emergency entrance at building 32E on the Oakland County Campus. Difficulties often occur when officers mistakenly use the main entrance.
- Request and complete the Jail Diversion intake form prior to leaving Common Ground.

11.0 OTHER SERVICES

11.1 Common Ground's Sanctuary is a free and safe 24-hour shelter that provides 3-week residential counseling to runaways and youths in crisis between the ages of 10-17, with the goal of reuniting the youths with their families. The Sanctuary provides families with counseling while allowing the youth time apart in a residential setting.

11.1.1 This is an emergency shelter that youths in crisis can be placed 24 hours a day, 7 days a week. Parents and the youth must consent to participation in the program. This is not a detention center or a locked facility and is not intended as an alternate facility for incarceration.
11.1.2 Admission into the Sanctuary can be initiated by either the police or the parent.
11.1.3 The Sanctuary will receive youths from either the police or the parent. If the police are transporting the youth the parents are required to immediately respond for the intake process.
11.1.4 The Sanctuary is located at 751 Hendrie Blvd, Royal Oak, MI 48067 (Woodward/Lincoln). The 24-hour intake phone number is 248-547- 2260. 11.1.5 Youth who are wards of the state are ineligible to participate in this program.

12.0 COMMON MEDICATIONS ASSOCIATED WITH MENTAL ILLNESS

ANTI-PSYCHOTIC	ANTI-ANXIETY	ANTI-DEPRESSANTS	MOOD STABILIZERS
Zyprexa	Ativan	Prozac	Lithium
Seroquel	Ambien	Paxil	Depakote
Risperdal	Xanax	Zoloft	Tegretol
Clozaril	Valium	Wellbutrin	Neurontin
Haldol	Klonopin	Effexor	
Thorazine		Luvox	
Loxitane		Desyrel	
Prolixin		Cymbalta	
Mellani			

13.0 TRAINING (MLEAC 3.5.4 e, f)
All officers will receive training on this policy upon hire and then on a yearly basis. In-service training will also be provided as least once every three years and as necessary to fulfill the departmental mandate that all patrol officers are Crisis Intervention Trained within the next five years.

Dennis M. Emmi
Chief of Police

ADDENDUM A:
MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974
330.1401 “Person requiring treatment” defined; exception. Sec. 401.

(1) As used in this chapter, "person requiring treatment" means (a), (b), or (c):

(a) An individual who has mental illness, and who as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure himself, herself, or another individual, and who has engaged in an act or acts or made significant threats that are substantially supportive of the expectation.

(b) An individual who has mental illness, and who as a result of that mental illness is unable to attend to those of his or her basic physical needs such as food, clothing, or shelter that must be attended to in order for the individual to avoid serious harm in the near future, and who has demonstrated that inability by failing to attend to those basic physical needs.

(c) An individual who has mental illness, whose judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

(2) An individual whose mental processes have been weakened or impaired by a dementia, an individual with a primary diagnosis of epilepsy, or an individual with alcoholism or other drug dependence is not a person requiring treatment under this chapter unless the individual also meets the criteria specified in subsection (1). An individual described in this subsection may be hospitalized under the informal or formal voluntary hospitalization provisions of this chapter if he or she is considered clinically suitable for hospitalization by the hospital director.

ADDENDUM B:
MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974
330.1427 Protective custody; observation and belief of peace officer; transportation to preadmission screening unit; services; petition; notice to family; advice and consultation; release; follow-up counseling; diagnostic and referral services; financial responsibility; notice of examination results.
Sec. 427.

(1) If a peace officer observes an individual conducting himself or herself in a manner that causes the peace officer to reasonably believe that the individual is a person requiring treatment, the peace officer may take the individual into protective custody and transport the individual to a preadmission screening unit designated by a community mental health services program for examination under section 429 or for mental health intervention services. The preadmission screening unit shall provide those mental health intervention services that it considers appropriate or shall provide an examination under section 429. The preadmission screening services may be provided at the site of the preadmission screening unit or at a site designated by the preadmission screening unit. Upon arrival at the preadmission screening unit or site designated by the preadmission screening unit, the peace officer shall execute a petition for hospitalization of the individual. As soon as practical, the preadmission screening unit shall offer to contact an immediate family member of the recipient to let the family know that the recipient has been taken into protective custody and where he or she is located. The preadmission screening unit shall honor the recipient's decision as to whether an immediate family member is to be contacted and shall document that decision in the recipient's record. In the course of providing services, the preadmission screening unit may provide advice and consultation to the peace officer, which may include a recommendation to release the individual from protective custody. In all cases where a peace officer has executed a petition, the preadmission screening unit shall ensure that an examination is conducted by a physician or licensed psychologist. The preadmission screening unit shall ensure provision of follow-up counseling and diagnostic and referral services if needed if it is determined under section 429 that the person does not meet the requirements for hospitalization.

(2) A peace officer is not financially responsible for the cost of care of an individual for whom a peace officer has executed a petition under subsection (1).

(3) A hospital receiving an individual under subsection (1) who has been referred by a community mental health services program's preadmission screening unit shall notify that unit of the results of an examination of that individual conducted by the hospital.

ADDENDUM C:
MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974
330.1498d Hospitalization of minor; conditions; request by department of human services or county juvenile agency; suitability for hospitalization; determination; "county juvenile agency" defined.
Sec. 498d.

(1) Subject to section 498e and except as otherwise provided in this chapter, section 1074, and section 18s of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.18s, a minor of any age may be hospitalized if both of the following conditions are met:

(a) The minor's parent, guardian, or a person acting in loco parentis for the minor or, in compliance with subsection (2) or (3), the department of human services or county juvenile agency, as applicable, requests hospitalization of the minor under this chapter.

(b) The minor is found to be suitable for hospitalization.

(2) The department of human services may request hospitalization of a minor who is committed to the department of human services under 1935 PA 220, MCL 400.201 to 400.214.

(3) As applicable, the department of human services may request hospitalization of, or the county juvenile agency may request an evaluation for hospitalization of, a minor who is 1 of the following:

(a) A ward of the court under chapter X or XIIA of the probate code of 1939, 1939 PA 288, MCL 710.21 to 710.70 and 712A.1 to 712A.32, if the department of human services or county juvenile agency is specifically empowered to do so by court order.

(b) Committed to the department of human services or county juvenile agency under the youth rehabilitation services act, 1974 PA 150, MCL 803.301 to 803.309, except that if the minor is residing with his or her custodial parent, the consent of the custodial parent is required.

(4) Subject to sections 498e, 498f, and 498j, and except as provided in section 1074 and section 18s of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.18s, a minor 14 years of age or older may be hospitalized if both of the following conditions are met:

(a) The minor requests hospitalization under this chapter.

(b) The minor is found to be suitable for hospitalization.

(5) In making the determination of suitability for hospitalization, a minor shall not be determined to be a minor requiring treatment solely on the basis of 1 or more of the following conditions:

(a) Epilepsy.

(b) Developmental disability.

(c) Brief periods of intoxication caused by substances such as alcohol or drugs or by dependence upon or addiction to those substances.
(d) Juvenile offenses, including school truancy, home truancy, or incorrigibility.
(e) Sexual activity.
(f) Religious activity or beliefs.
(g) Political activity or beliefs.

(6) As used in this section, "county juvenile agency" means that term as defined in section 2 of the county juvenile agency act, 1998 PA 518, MCL 45.622.

ADDENDUM D:
MENTAL HEALTH CODE
330.1498i Notice. Sec. 498i.

The parent or guardian of a minor shall be notified immediately of the admission of a minor to a hospital in any case where the parent or guardian of the minor did not execute the application for hospitalization. The notice shall be in the form most likely to reach the person being notified in an expeditious manner, and shall inform the person of the right to participate in any proceedings under this act.

PCS Code: PFH/PAS/APM
TCS Code: IPFH/PFH/PAS/APM

STATE OF MICHIGAN PROBATE COURT Oakland COUNTY	PETITION FOR MENTAL HEALTH TREATMENT ☐ AMENDED	CASE NO. and JUDGE

Court address 1200 North Telegraph, Pontiac MI

Court telephone no. 248-858-0344

In the matter of _____ (First, middle, and last name)

XXX-XX- Put last 4 digits of SSN in Ref. No. row 2 on MC 97. (Last 4 digits of SSN)

Court ORI	Date of birth	Place of birth	Race	Sex
	Put DOB in Ref. No. row 1 on MC 97.			

1. I, _____ (Name (type or print)), an adult _____ (specify whether a relative, neighbor, peace officer, etc.) petition because I believe the individual named above needs treatment.
2. The individual was born Put DOB in Ref. No. row 1 on MC 97. (Date) has a permanent residence in _____ County at _____ (Street address, City, state, zip) and can presently be found at _____ (Facility name or other address).
   ☐ This petition is for a person who was found not guilty by reason of insanity in this county (NGRI).
3. I believe the individual has mental illness and
   ☐ a. as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.
   ☐ b. as a result of that mental illness, the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.
   ☐ c. the individual's judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.
4. The conclusions stated above are based on
   a. my personal observation of the person doing the following acts and saying the following things:

   _____

   _____

   b. the following conduct and statements that others have seen or heard and have told me about:

   _____

   _____

   by: _____ (Witness name, Complete address, Telephone no.)

Case No. _____

5. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian*		

*(Specify the county where the guardianship was established and the case number.) _____

6. The individual ☐ is ☐ is not a veteran.

☐ 7. Attached is a
- ☐ clinical certificate by a physician or licensed psychologist taken within the last 72 hours.
- ☐ clinical certificate by a psychiatrist taken within the last 72 hours.
- ☐ no clinical certificate is attached because only assisted outpatient treatment is requested.

☐ 8. (For hospitalization and combined treatment only.) An examination could not be secured because: _____

_____

I request:
- ☐ a. the individual be examined at _____, the preadmission screening unit or hospital designated by the community mental health services program.
- ☐ b. a peace officer take the individual into protective custody and transport the individual to _____

_____.

9. I request the court to determine the individual to be a person requiring treatment and to order:

- ☐ a. hospitalization only.
- ☐ b. a combination of hospitalization and assisted outpatient treatment.
- ☐ c. assisted outpatient treatment without hospitalization.

☐ 10. I request the individual be hospitalized pending a hearing.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ _____
Signature of attorney Date

_____ _____
Name (type or print) Bar no. Signature of petitioner

_____ _____
Address Address

_____ _____
City, state, zip Telephone no. City, state, zip

_____ _____
Home telephone no. Work telephone no.

FOR HOSPITAL USE ONLY

This petition for mental health treatment was received by the hospital on _____ (Date) at _____ (Time).

_____
Signature of hospital representative

JIS Code: PPI

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE Oakland	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE

Court address: 1200 North Telegraph, Pontiac MI 48341

Court telephone no.: 248-858-0344

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name

In the matter of Petition for mental health treatment PCM 201

If this form is filed on or after January 1, 2022, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on January 1, 2022. Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

Instructions:

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: Petition for Mental Health PCM 201

Printed name of individual completing form and date

Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the document being filed in place of the PII. For example, insert "Ref. No. 1" in place of the DOB in the document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	**Instructions:** List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in documents being filed.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.