Cambridge Police Department	POLICY & PROCEDURES	No. 435
	Subject/Title: **Incidents Involving Mental Illness**	
	Issuing Authority: Robert C. Haas, Police Commissioner	Issue Date: July 1, 2008 Effective Date: July 1, 2008 Review Date: Rescinds: Policy #2005-8
References/ Attachments: **M.G.L. c. 123, §§ 12, 22, 30 & 35.**	Accreditation Standards: **41.2.7**	

I. PURPOSE:

The purpose of this directive is to establish and define the role of this police department with respect to members of the community who suffer from mental illness or deficiency. In addition, this directive will also cover the following related areas:

- Define terms that are commonly used in Massachusetts General Laws.
- Describe the different categories of applications used for involuntary hospitalization through the use of the Involuntary Hospitalization form ("Pink Paper").
- Provide some useful guidelines for de-escalating encounters with individuals who may be suffering from mental illness or acting irrationally.
- Describe the responsibilities of officers when serving "Pink Papers," when restraining a mentally ill person, and/or transporting an individual to a Mental Health facility.
- Describe the responsibilities of supervisors when officers are restraining a person who is suffering from mental illness or acting in an irrational fashion so as to pose threat to oneself or others.
- Describe the commitment process for alcoholics and substance abusers pursuant to M.G.L. c. 123, § 35.

II. POLICY:

It is the policy of this department that:

- Officers shall accord all persons, including those with mental illness, all individual rights to which they are entitled; and

- Officers shall attempt to protect mentally ill persons from harm and shall refer them to agencies or persons able to provide services where appropriate.

- Officers shall be trained in this policy upon initial employment.

- Officers shall undergo refresher training at least every three years.

III. GENERAL GUIDELINES AND CONSIDERATIONS:

Reaction to the mentally ill covers a wide range of human responses. People afflicted with mental illness are ignored, laughed at, feared, pitied and often mistreated. Unlike the general public, however, a police officer cannot permit personal feelings to dictate his/her reaction to the mentally ill, and in fact, should take steps to preserve the individual's dignity as best as possible given the particular circumstances. All officers' must reflect a professional attitude and they must be guided by the fact that mental illness, standing alone, does not permit or require any particular police activity. Individual rights are not lost or diminished merely by virtue of a person's mental condition. These principles, as well as the following procedures, must guide officers when their duties bring them in contact with a mentally ill person.

Because involuntary commitments entail significant deprivations of liberty, state law necessarily balances the basic value of this liberty with the need for safety and treatment, a balance that is difficult to effect because behavior is difficult to predict. Therefore, state law provides clear standards and procedural safeguards to ensure that only those persons who are dangerous to themselves, to others, or to property are involuntarily committed. Given this delicate balance, officers of this department must observe the statutory guidelines regarding the handling and disposition of those suffering from mental illness at all times.

IV. DEFINITIONS:

A. **Dangerous to Self:** When, by reason of mental illness, a person has threatened or attempted suicide or serious bodily harm, or when a person's behavior indicates an inability to satisfy his or her basic needs for nourishment, essential medical care or shelter, such that substantial bodily injury, serious physical debilitation or death will result within the reasonably foreseeable future. However, no person shall be deemed to be unable to satisfy this need for nourishment, essential medical care, or shelter if he/she is able to satisfy such needs with the supervision and assistance of others where such resources are available.

B. **Dangerous to Others or Property:** When, by reason of mental illness or deficiency, a person's recent behavior indicates a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior and any recent act or threat.

C. **Serious Harm:** M.G.L. c. 123, § 1 defines as the likelihood of serious harm as follows:

1. A substantial risk of physical harm to the person him/herself as manifested by evidence of, threats of, or attempt at, suicide or serious bodily harm;

2. A substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; or

3. A very substantial risk of physical impairment or injury to the person him/herself as manifested by evidence that such person's judgment is so affected that he/she is unable to protect him/herself in the community and that reasonable provision for his/her protection is not available in the community.

D. **Involuntary Commitment:** An involuntary commitment involves an individual's admission to a short term psychiatric facility or special psychiatric hospital without their consent, because (1) the person, by reason of mental illness, is dangerous to self or dangerous to others or property, and (2) less restrictive psychiatric care is either insufficient or unavailable to meet the person's immediate mental health care needs.

E. **Pink Paper or "Section 12":** Refers to an involuntary commitment to an emergency mental health facility pursuant to M.G.L. c. 123, § 12.

F. **Mental Health Screener:** A psychiatrist, psychologist, social worker, registered professional nurse, or other individual trained to do outreach only for the purposes of psychological assessment who is employed by a mental health screening service and possesses the necessary licensing requirements, academic training or experience, as required by the commissioner pursuant to established regulation.

G. **Mental Illness:** A current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, behavior or capacity to recognize reality, but does not include simple alcohol intoxication, transitory

reaction to drug ingestion, organic brain syndrome or developmental disability unless it results in the severity of impairment described herein.

H. **Bipolar:** Also known as "manic-depressive illness," is a disorder that causes extreme swings in a person's moods, emotions and behaviors. In the "Manic" state, these strong moods may include intense elation or irritability. In the "Depressive" state, a deep sadness or hopelessness is prevalent. Both manic and depressive symptoms are manifested in the "Mixed State."

I. **Schizophrenia:** A serious psychotic disorder that affects how a person thinks, feels and acts. The illness is characterized by disordered thoughts or speech, as well as distorted perceptions of reality, including delusions and hallucinations. Someone with schizophrenia may hear voices other people do not hear, or believe others are reading their minds, controlling their thoughts, or plotting to harm them. This may cause fearfulness, withdrawal, or extreme agitation. They may be unresponsive or withdrawn; they may be unable to express normal emotions in social situations.

J. **Hallucinations:** Something that a person sees, hears, smells, or feels that is not occurring in reality. Auditory hallucinations, for example, commonly involve hearing voices that comment on behavior or order the person to do something, such as to harm oneself or others.

K. **Delusions:** Fixed false personal beliefs that do not change even when confronted with proof that the beliefs are not true or logical. Examples of delusions that persons with mental illness could possess are that television waves are controlling one's thoughts, or that others are plotting against them.

L. **Substance Abuse:** As defined by M.G.L. c. 123, § 35, a substance abuser is a person who chronically or habitually consumes or ingests controlled substances to the extent that (a) such use substantially injures his/her health or substantially interferes with his/her social or economic functioning, or (b) he/she has lost the power or self-control over the use of such controlled substances.

M. **Alcoholic:** As defined by M.G.L. c. 123, § 35, an alcoholic shall mean a person who chronically or habitually consumes alcoholic beverages to the extent that (a) such use substantially injures his/her health or substantially interferes with his/her social or economic functioning, (b) he/she has lost the power of self-control over the use of such beverages.

V. RECOGNITION AND HANDLING OF THE MENTALLY ILL:

A. Officer Recognition of the Mentally Ill: An officer must be able to recognize a mentally ill individual if the officer expects to handle the situation properly.

1. Factors that may aid in determining if a person is mentally ill are as follows:

   a. Severe changes in behavioral patterns and attitudes;

   b. Unusual or bizarre mannerisms and/or appearance;

   c. Distortion or loss of memory;

   d. Evidence of disordered thinking; hallucinations or delusions;

   e. Hostility to and distrust of others, or fear of others such as paranoia;

   f. A marked increase or decrease in efficiency;

   g. Lack of cooperation and tendency to argue;

   h. One-sided conversations;

   i. The occurrence of unexplainable violent behavior;

   j. Threats of violence toward self or others;

   k. Specified plan of violence;

   l. History of violence, or other behavioral clues;

   m. History of arrests, or involuntary admissions; and

   n. Subject's fear of violence, current medications.

2. These factors are not necessarily, and should not be treated as conclusive. They are intended only as framework for proper police response. It should be noted that a person exhibiting signs of an excessive intake of alcohol or drugs might also be mentally ill.

B. Responding to Cases of Suspected Mental Illness: If an officer believes that he/she is faced with a situation involving a mentally ill person, the officer should not proceed in haste unless circumstances require otherwise.

1. An officer should be deliberate and take the time required for an overall assessment of the situation.

2. An officer should ask questions of the person to learn as much as possible about the individual. It is especially important to learn whether any person, agency or institution presently has lawful custody or control of the individual, and whether the individual has a history of criminal, violent or self-destructive behavior.

3. An officer should call for and await assistance. It is advisable to seek the assistance of professionals such as doctors, psychologists, psychiatric nurses, psychological evaluation teams, and clergy, if available.

4. It is not necessarily true that a mentally ill person will be armed or resort to violence. However, this possibility should not be ruled out, and because of the potential dangers, the officer should take all precautions to protect everyone involved.

C. **Use of Abusive Language:** It is not unusual for mentally ill persons to employ abusive language against others. An officer must ignore verbal abuse and remain objective when handling such a situation.

D. **Avoiding Excitement:** Crowds may excite or frighten a mentally ill person. Officers should not permit groups of people to form around or crowd the person, or should disperse crowds as quickly as possible.

E. **Reassurance is Essential:** An officer should attempt to keep the person calm and quiet. The officer should attempt to show that he/she is not a threat to the individual, but rather, that he/she will protect and help the individual. It is best to avoid misleading the individual and not to resort to trickery.

F. **Treatment Toward a Subject:** An officer should at all times act with respect towards the mentally ill person. Do not "talk down to" such a person, or treat such a person as "child-like." Mental illness, because of widespread ignorance, carries with it a serious stigma. An officer's response should not increase the likelihood that a disturbed person will be subjected to offensive or improper treatment.

G. **Seeking Voluntary Compliance:** As a general rule, an officer should always attempt to gain voluntary cooperation from the individual who is suspected of suffering from some form of mental illness.

VI. POLICE RESPONSE TO REQUESTS FOR ASSISTANCE:

A. Policy Concerning Police Escort: Upon receiving a request to accompany a mental health screener to a location for purposes of a mental health assessment, the following procedures shall be observed.

B. Emergency Communications Center's (ECC) Responsibilities: Upon receiving a request for police assistance from a mental health screener, the ECC will obtain the following information:

1. Caller's name and agency or affiliation;
2. Time call was received;
3. The patient's name and address;
4. Reason for the escort request;
5. Where the police are to meet the screener;
6. Call back telephone number;
7. Other pertinent information provided by the screener.

C. Notifications to the Shift/Sector Supervisor: Unless the request involves a pending emergency, the ECC will relay the information collected to the sector supervisor, and dispatch a police officer.

D. Responsibility of the Sector Supervisor: The sector supervisor will ensure that all pertinent information concerning the mentally ill patient has been obtained, including the degree of dangerousness the patient represents, as well as what effect police presence may have on the patient. If at all possible, the officer in charge will make the following arrangements and determinations:

1. When the screening will take place and what course of action is anticipated on the part of the mental health screener;
2. All relevant background information on the mental health patient, and what type of behavior can be expected;
3. The number of officers that will be required at the scene;

4. Whether a supervisor should be present or available during the screening process;

5. Whether arrangements should be made to have an ambulance stand by in the event of a planned transport to a mental health facility;

6. The amount of time the mental health screening evaluation is expected to take;

7. When the evaluation is to take place and where;

8. What other resources may be needed;

9. Who else should be notified.

E. Investigating Officer's Responsibilities: Upon arrival at the scene, the officer shall determine whether the situation constitutes a police emergency (i.e., the subject has committed or is about to commit a criminal offense or that someone is or may be in imminent danger of serious injury).

1. The investigating officer is expected to report any extenuating circumstances to his/her immediate supervisor.

2. The investigating officer will document all actions he/she has taken regarding the case, as well as all other relevant information within the officer's police report.

3. If the situation does not constitute a police emergency, the officer shall remain at the scene until the mental health screener completes the initial assessment and believes the patient's condition is stabilized.

4. The officer assigned to such an investigation will assist all individuals present so as to minimize any risk of harm to anyone that is involved during the assessment period.

VII. TAKING A MENTALLY ILL PERSON INTO NON-CUSTODIAL CUSTODY:

A. Situations Justifying Police Custody: A mentally ill person may be taken into custody if one of the situations exists:

1. The subject has committed a crime.

2. The officer reasonably believes, based upon the circumstances, that the subject poses a substantial danger of physical harm due to homicidal or other

violent behavior, or the subject poses a very substantial risk of physical impairment or injury to him/herself (for example, by threatening or attempting suicide).[1] Threats or attempts at suicide should never be treated lightly.

3. The subject has escaped or eluded the custody of those lawfully required to care for the individual.

B. Emergency Situations Justifying Police Custody: In an emergency situation, if a physician or qualified psychologist is not immediately available, a police officer, who believes that failure to hospitalize a person would create a likelihood of serious harm by reason of mental illness, may restrain such person and apply for the hospitalization of such person for a ten-day period at a public facility or a private facility authorized for such purpose by the Massachusetts Department of Mental Health.

C. Limits on Police Authorized Custody Situations: "Any person," including a police officer, may petition a district court to commit a mentally ill person to a facility for a ten day period if failure to confine that person would cause a likelihood of serious harm. Generally, however, a police officer should be the last person to initiate such proceedings. A police officer should initiate commitment proceedings under M.G.L. c. 123, § 12(e) only if all of the following procedures have been adhered to:

1. The officer determines that there are no outstanding commitment orders pertaining to the individual; and

2. The officer makes every effort to enlist an appropriate physician, psychiatrist, social worker, mental health screener, or family member to initiate the commitment proceedings; and

3. The officer receives approval from a supervisory officer.

D. Warrantless Entry to Execute Section 12 Application: Officers may effectuate a warrantless entry to execute a section 12 application for temporary hospitalization (pink paper) provided the following requirements are met:[2]

1. The officers are in possession of the pink paper;

2. The entry is of the residence of the subject of the pink paper;

[1] M.G.L. c. 123, § 12(a); *Ahern v. O'Donnell*, 109 F.3d 809 (1st Cir. 1997)
[2] *McCabe v. Life-Line Ambulance Service, Inc.*, 77 F.3d 540 (1st Cir. 1996)

3. The pink paper was issued by a qualified physician, psychologist, or psychiatric nurse in an emergency situation, where the subject refused to consent to an examination; and

4. The warrantless entry is made within a reasonable amount of time after the pink paper has been issued.

Note: If any of the above criteria are not met, and no exigent circumstances exist, officers must obtain a warrant prior to any entry of a residence to execute a pink paper.

E. Patients Leaving a Facility Without Authorization: If a patient or resident of a Massachusetts Department of Mental Health facility leaves the facility without authorization, the superintendent of the facility is required to notify the State and local police, the local district attorney, and the patient's or resident's next of kin of such patient or resident.

1. Police may return persons to DMH custody if they have been absent from the facility for less than six months. This six-month limitation does *not* apply to persons who have been found not guilty of a criminal charge by reason of insanity, or to persons who have been found incompetent to stand trial on a criminal charge. *Refer to* M.G.L. c. 123, § 30.

F. Policy Concerning Involuntary Commitments: Officers will not take an individual into custody for involuntary commitment to a mental health facility without first securing a copy of the State approved Involuntary Commitment Paper (section 12 paper) or other appropriate judicial order (or in the absence of the paper, prior confirmation that such an order exists). Police officers are immune from civil suits for damages for restraining, transporting, applying for the admission of or admitting any person to a facility if the officer acts pursuant to the provisions of M.G.L. c. 123.

G. Application for Involuntary Commitment: If an officer determines that a subject should be evaluated for possible involuntary commitment, the officer shall first notify the duty supervisor of his/her findings. Arrangements should then be made to have the subject assessed by an authorized mental health screener. It is always preferable to obtain consent from the subject for such an assessment, if at all possible. If an officer applies to a hospital, mental health facility or mental health service provider for a psychological evaluation, and is refused, the following steps should then be taken:

1. The subject shall remain in the presence of an officer at all times.

2. The duty supervisor or shift commander should be present to ensure that all possible measures are investigated to bring the matter to an appropriate resolution.

3. It may be appropriate to request that the District Court appoint its staff psychiatrist to evaluate the subject.

4. It may be appropriate to make contact with a Superior Court judge to assess whether the subject should be committed to a mental health facility.

5. The officer assigned to the investigation will fully document all circumstances surrounding the incident, including how the officer derived at his/her conclusion that a psychological evaluation was needed, and the actions taken to resolve the incident.

H. Family Members Seeking Commitment: Whenever an officer receives an inquiry from a family member or other concerned individual as to the mental well-being of another, it shall be the policy of this Department to assist in the following ways:

1. If there is a report that the subject may represent harm to him/her-self or others, officers will be immediately dispatched to assess the situation, and be guided by this directive.

2. If there is no indication that an immediate threat exists or that the situation is not likely to result in harm to the individual or others, the individuals seeking advice or assistance should be advised to consult with a physician, mental health professional, or mental health service provider.

3. It may also be appropriate to refer the report to the department's Community Relations Unit to provide additional assistance.

I. Report of Lost or Missing Persons: If a mentally ill or mentally deficient person is reported lost or missing, officers should provide the family with the telephone number of the National Alliance for the Mentally Ill (NAMI). Officers shall also be guided by the appropriate sections of the departmental guidelines as outlined within *Policy #520 – Missing Persons & Unidentified Persons*.

J. Preserving Confidentiality: Any officer having contact with a mentally ill person shall keep such matters confidential except to the extent that revelation is necessary to conform to with departmental policies and procedures regarding reports, or is necessary during the course of official proceedings.

VIII. TRANSPORTATION OF THE MENTALLY ILL:

A. **Transporting Those Who Represent a Danger:** Normally, a person who is to be transported to a hospital for a mental health evaluation pursuant to M.G.L. c. 123, § 12 will be transported by ambulance.

B. **Arrangements for Alternate Transportation:** An officer shall request the presence of a sector supervisor and mental health screener to determine appropriate transport arrangements if the officer believes that a mentally ill person would cause a clear and present danger to the subject, the officer, or the public due to the lack of appropriate equipment or personnel necessary to safely conduct the transport.

C. **Authorization for Transporting Subjects:** To ensure that the mentally ill and/or dangerous individual receives prompt intervention in the appropriate setting, the investigating officer will take the following action prior to making arrangements for such transportation:

1. The officer shall request and receive a copy of the signed authorization for involuntary commitment, and make it part of his/her police report (furnished by the mental health screener).

2. As a matter of policy, officers will not transport individuals in a patrol cruiser.

3. An officer may accompany individual in the ambulance if added protection is necessary. Whenever an officer is going to accompany a patient in the ambulance to a medical health facility, the officer will notify both the sector sergeant and ECC. Under these circumstances, a cruiser will normally follow the ambulance to the mental health facility.

4. The officer will complete and submit a detailed report, along with appropriate supporting documentation.

D. **Assessing the Appropriateness of Transportation:** In those situations where the subject needs transportation to a mental health facility, and a request is made for police assistance in providing such transportation, the following procedures will be observed:

1. An officer will be dispatched to the scene, and the duty sector supervisor will be notified of the request.

2. Provided that there is written authorization for involuntary commitment (or consent on the part of the individual), the officer dispatched to the scene will assess the appropriateness of transporting the subject.

3. If the officer deems such transportation to be inappropriate, the officer will then assist in making arrangements for transportation (either by local or private ambulance service).

4. The officer assigned to provide such assistance shall complete an investigation report, making all appropriate supporting documentation part of his/her police report.

E. Releasing a Subject from Custody: Once an officer takes custody of a mentally ill person who is likely to cause serious harm to him/herself or others, the officer should only release the person to a proper mental health facility. Occasionally, the facility to which an officer transports a mentally ill person will either refuse to admit the individual entirely or will direct the officer to another mental health facility. The officer should first contact the officer-in-charge for specific instructions in such cases.

F. Notification to the Facility: Whenever the police take a mentally ill person into custody the appropriate mental health officials should be contacted. The sector supervisory should inform the staff of the individual's condition and seek their instructions on how to properly handle and, if necessary, restrain the individual, and to what facility the individual should be taken.

IX. REFERRALS TO MENTAL HEALTH INTERVENTION:

A. Requesting Mental Health Intervention: If, based on an officer's first-hand observations, there is reasonable cause to believe that a subject requires psychiatric evaluation and involuntary commitment the officer shall:

1. Notify the duty sector supervisor of this determination.

2. Upon the approval of the supervisor, the officer may transport the subject to the nearest mental health facility for screening and request an evaluation; or

3. Contact the mental health screening service and request an evaluation at the subject's location. The officer shall remain with the subject until the situation has been secured and the assessment completed.

4. Where the situation does not warrant immediate evaluation, but the officer feels that an individual is in need of mental health intervention, the officer shall notify the duty supervisor of such a determination and make a referral to the Community Relations Unit on the appropriate referral form.

B. Responsibility of the Community Relations Unit: It shall be the responsibility of the Community Relations Unit to accomplish the following:

1. Immediately handle any requests involving referrals for mental health intervention.

2. Assemble all relevant documentation that establishes the basis for such referrals.

3. Make the appropriate referrals and assist in any subsequent follow up interventions.

4. Initiate a report for such intervention, and maintain a record of all actions taken in reference to the referral.

5. Report any unusual or extenuating circumstances to his/her supervisory officer.

6. Assist the mental health professionals during the evaluation process.

X. ARRESTEES REQUIRING MENTAL HEALTH INTERVENTIONS:

A. Violations of Criminal Statutes: An officer dealing with a mentally ill subject must arrest said subject if he or she has committed an act which is a violation of any criminal statute, following proper procedures in accordance with the criminal statutes, court rules, and police department rules, regulations, policies and procedures (also refer to *Policy #665 – Post-Arrest Booking Process*).

B. Observing Safeguards When Interrogating Individuals: Whenever a mentally ill or mentally deficient person is a suspect and is taken into custody for questioning, police officers must be particularly careful in advising the subject of his/her *Miranda* rights, and must ensure that any waiver of those rights is voluntary and the product of an intelligent, rational decision. The departmental *Policy #424 - Interrogating Suspects and Arrestees* should be consulted.

C. Cases Involving Juveniles: In addition, it may be very useful to incorporate the procedures established for interrogating juveniles when an officer seeks to interrogate a suspect who is mentally ill or mentally deficient. Those procedures are set out in the departmental *Policy #430 – Juvenile Justice Guidelines*.

1. Before interrogating a suspect who has a known or apparent mental condition or disability, the officer should make every effort to determine the nature and severity of that condition or disability, and the extent to which it impairs the subject's capacity to understand basic rights and legal concepts such as those contained in the *Miranda* warnings; and

2. Whether there is an appropriate "interested adult", such as a legal guardian or legal custodian of the subject, who could act on behalf of the subject and assist the subject in understanding his *Miranda* rights and in deciding whether or not to waive any of those rights in a knowing, intelligent and voluntary manner.

D. Incidents Requiring Mental Health Intervention: Where the mental state of the subject is such that the assistance or evaluation of a mental health provider is required, the officer shall accomplish the following:

1. Immediately notify the duty supervisor.

2. Determine whether it is appropriate to transport the subject to the nearest mental health facility for evaluation and/or assistance, or to have a mental health provider respond to the police station.

3. While in police custody, a police officer must remain with the prisoner at all times, unless properly relieved or specifically directed otherwise by a supervisory officer.

4. Once the mental health intervention has been completed, the officer will complete the booking process. All of the circumstances leading up to the mental health intervention, the actions of the officer, and the final outcome of the case will be fully documented in the officer's incident report.

E. Incidents Requiring Immediate Commitment: Where it is found that the subject requires immediate confinement to a mental health facility for psychiatric intervention, the Shift Commander (or his/her designee) shall make arrangements to have the ECC make the necessary notifications to the mental health facility where the subject will be transported. The Shift Commander should take the following factors into consideration, and when appropriate make sure the appropriate arrangements are made:

1. Determine whether the subject should be provided with a probable cause hearing, as required by the *Jenkins v. Chief Justice of the Dist. Ct. Dept.,* 416 Mass. 221 (1993)(requiring judicial determination of probable cause within 24 hours of a warrantless arrest).

2. Make arrangements for transportation of the subject to the mental health facility. The detainee should be presented for evaluation by the local emergency room or psychiatric facility (DMH emergency team).

3. Brief the mental health professional on the circumstances leading up to the officer's determination that mental health intervention is required.

4. Maintain custody of the subject while at the hospital, until either relieved, or custody of the subject has been turned over to some other authority (completing all required documentation pertaining to the arrest).

5. In the event the subject is released after the mental health evaluation, the officer shall maintain custody of the subject until all arrest processing procedures are completed.

6. In those situations where the subject is committed to a mental health facility, arrange for that facility to notify the police department of the subject's release so the department may complete its arrest processing procedures.

7. Once an inpatient bed has been located, the duty shift supervisor should then contact the judicial response system on-call judge. The duty shift supervisor should provide the judge with the following information:

   a. The current charges on which the detainee is being held;

   b. The current location of the detainee, including the recommendations and findings of the DMH emergency team (the evaluating clinician should be available to speak with the judge, if requested);

   c. A listing of any defaults or warrants that the detainee has outstanding; and

   d. Any other pertinent information.

8. The on-call judge, who has been designated the authority to act on behalf of any court of the Commonwealth, after conferring with the duty shift supervisor and with the evaluating clinician, may issue an order committing the detainee to a specified, locked inpatient facility pursuant to M.G.L. c. 123, § 12 (e). The order shall include the following provision:

   "On_____(date), the Superintendent of the facility shall return custody of the detainee to the police department that made the arrest,

and said police shall appear at the facility at 9:00 AM on said date to received the detainee into their custody. Release at any time of the detainee from the inpatient psychiatric facility on the above date, or any other date, shall be made ONLY to the custody of the police."

9. On the designated court date, the detainee will be returned to court by the police, at which time he/she will be arraigned and the court will address any outstanding warrants.

F. Mental Health Safeguards for All Prisoners: No person taken into the custody of this Department will ever be denied immediate access to mental health intervention when requested, or when needed in the estimation of the officer. Officers will always observe the suicide prevention safeguards that are outlined in the departmental *Policy #665 - Post-Arrest Booking Process.*

G. Committing Persons Who are Believed to be Violent or Dangerous: Ordinarily, if an individual does not pose a serious risk to other persons, a mental health screener is able to commit a person into a mental health facility requiring an involuntary commitment with a "section 12" application (pink paper commitment). However, if the individual is believed to be dangerous towards others or prone to be violent, most mental health care programs do not have the security resources required to care appropriately for such individuals. Also, if a prisoner may not be able to stand trial, there are special statutory provisions that must be followed in order to get an individual committed for a psychological evaluation at the State's psychiatric hospital. In these cases, these guidelines should be followed:

1. Only a court-appointed psychiatrist is permitted to make a psychiatric evaluation in determining the appropriateness of committing an individual to the State's psychiatric hospital.

2. The duty shift supervisor will make the determination as to whether to contact the district court's appointed psychiatrist.

3. Once a determination has been made by the district court's appointed psychiatrist to have an individual committed to the State's psychiatric hospital for evaluation, a Superior Court Judge must then be contacted. If the judge concurs with the psychiatrist's evaluation, the judge will issue an order for the subject's commitment to the State's psychiatric hospital.

4. Once an order for commitment has been issued, the duty shift commander will make the necessary arrangements to notify the State's psychiatric hospital and transportation to the facility. All necessary precautions should be taken to ensure that the subject is adequately protected (properly restrained and

adequate number of officers), to include those who are providing such transportation. Officers should accompany the subject whether the subject is transported in a police vehicle or in an ambulance.

5. Officers assigned to accompany a prisoner to the State psychiatric hospital will maintain custody over the prisoner at all times until properly relieved.

6. Copies of the psychiatrist's evaluation and the judicial order for commitment are to be made part of the officer's police report.

7. Officers involved in the commitment and transportation of a prisoner to a psychiatric hospital are responsible for submitting fully detailed police reports.

XI. EMERENCY RESTRAINT OF ALCOHOLICS OR SUBSTANCE ABUSERS PURSUANT TO M.G.L. c. 123, § 35:

M.G.L. c. 123, § 35 permits any police officer or physician to petition the District Court or the Juvenile Court for an order of commitment of a person whom he/she has reason to believe is an alcoholic or substance abuser. In cases where it is appropriate to do so, the following procedures will be followed:

A. **Application Process:** Officers should use the Petition for the Involuntary Commitment of an Alleged Alcoholic and/or Substance Abuser form (see attached form). This form should be supported by affidavits or written report(s) that describes the individual's behavior to support the claim there is a likelihood of serious harm as a result of the individual's alcoholism or substance abuse. Persons such as EMT's, RN's or Human Service staff are appropriate candidates to assess the person's likelihood of a serious harm.

B. **Summons Service:** After the court receives the petition, which may be accompanied by sworn statements, the court will schedule a hearing and cause a summons to be served upon the person. The summons must be served pursuant to M.G.L. c. 276, § 25. This requires an officer qualified to serve criminal process serve the summons in hand or by leaving it at the person's dwelling hour or last and usual place of abode not less than 24 hours before the return date.

C. **Failure to Appear:** If there are reasonable grounds to believe that a defendant will not appear, and that further delay of the proceedings will present "an immediate danger to the physical well being of the respondent," the court may issue a warrant for the apprehension and appearance of that person (Warrant of Apprehension).

D. **Court Review:** If a person who otherwise qualifies for a Section 35 commitment is under arrest for a criminal offense and in the custody of this department, the officer may submit the petition to the court upon the person's arraignment or any other suitable time when the court is in session and the person is present.

E. **Police Report:** If an officer petitions the court or otherwise restrains a person pursuant to this statute, an Incident Report will be completed and a file number assigned.

1. If the officer uses force to restrain a person pursuant to this section, a use of force report will be completed and accompany the completed Incident Report.