Series 200 Operations	Effective Date *TBD*	Review Date *Three Years*	Directive Number **201.5**
Chapter 201 – Responding to Mental Health Crises			
Reviewing Office Mental Health Co-Response Taskforce			☐ **New Directive** ☒ **Revised** Revisions in *italics*
References *Michigan Law Enforcement Accreditation Commission (MLEAC) 3.5.4 A*			

RESPONDING TO MENTAL HEALTH CRISES

201.5 - 1 PURPOSE

The purpose of this directive is to provide guidance to Detroit Police Department members when responding to or encountering individuals exhibiting behaviors indicative of mental disorders or persons in crisis (PIC).

201.5 - 2 POLICY

Mental illness is not perceived as a criminal behavior and many individuals with mental illness lead productive lives. This policy reflects the Department's commitment to safeguarding its diverse community by providing its members with the essential training to effectively recognize and respond to mental health crises in a safe, efficient, and effective manner.

201.5 - 3 DEFINITIONS

201.5 - 3.1 Developmental Disability

A condition that may occur from birth or early childhood, which prevents the individual from being fully independent. Developmental disabilities are characterized by the inability to live independently, communicate effectively, care for oneself, or hold a job.

201.5 - 3.2 Mental Illness

"Mental illness" means a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life. (MCL 330.1400(g). MDHHS – Mental Health Code, Chapter 4)

201.5 - 3.3 Emergency Situation

"Emergency situation" means a situation in which an individual is afflicted with a serious mental illness or a developmental disability, to include a minor that could be experiencing a serious emotional disturbance, and one (1) of the following applies:

a. *The individual can reasonably be expected within the near future to physically injure themselves, or another individual, either intentionally or unintentionally.*

b. *The individual is unable to provide food for themselves, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.*
c. *The individual has mental illness that has impaired their judgment so that the individual is unable to understand their need for treatment and presents a risk of harm. (MCL 330.1400 (g).*

201.5 – 3.4 Mental Health Crisis *(MLEAC 3.5.4 A)*
An impairment of an individual's normal cognitive, emotional, or behavioral functioning, caused by physiological or psychosocial factors. A person may be affected by mental illness if they display any of the following:

a. *An inability to think rationally (e.g. delusions or hallucinations);*
b. *An inability to exercise adequate control over behavior or impulses (e.g. aggressive, suicidal, homicidal, sexual); and/or*
c. *An inability to take reasonable care of their welfare with regard to basic provisions for clothing, food, shelter, or safety.*

201.5 - 3.5 Person Requiring Treatment
A person requiring treatment may fall under the following definitions:

a. An individual who is afflicted by a 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 is afflicted by a mental illness, and who as a result of that mental illness is unable to attend to their 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; and
c. An individual who is afflicted by a mental illness, whose judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused [them] 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 [their] condition, and presents a substantial risk of significant physical or mental harm to the individual or others.
(MCL 330.1401)

201.5 - 3.6 Protective Custody MCL 330.1100 (c) (7)
The temporary custody of an individual by a peace officer with or without their consent, for the purpose of protecting that individual's health and safety, or the health and safety of the public, and for the purpose of transporting the individual if they appear, in the judgment of the peace officer, to be a

person requiring treatment, or is a person requiring treatment. Protective custody is civil in nature and is not an arrest.

201.5 - 4 PROCEDURES

201.5 - 4.1 Protective Custody

Any member(s) who witness or observe behaviors that would lead them to believe an individual is suffering from mental illness and/or is in crisis shall run the individual in the Law Enforcement Information Network (LEIN) to ascertain if a Mental Health Order, also known as an Order Following Hearing on Petition for Admission received from an issuing court, has already been entered. State law permits law enforcement officers to take individuals who require treatment under the following conditions into protective custody:

a. Per MCL 330.1426 – Upon delivery to a peace officer of a petition and a physician's or licensed psychologist's clinical certificate, the peace officer shall take the individual named in the petition into protective custody and transport the individual immediately to the pre-admission screening unit or hospital designated by the community mental health services program; or
b. Per MCL 330-.1427 - If a peace officer observes an individual conducting themselves 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 pre-admission screening unit designated by a community mental health services program for examination or for mental health intervention services.

201.5 - 4.2 Recognizing Abnormal Behavior

1. When a member observes an individual acting in a manner, which causes the member to reasonably believe that the individual is a person requiring treatment as defined above, the member shall take the individual into protective custody and make an effort to first transport the person to an authorized Crisis Stabilization Unit. All transporting units must check with the zone dispatcher prior to transporting to a facility to determine whether the facility is accepting new patients based on their capacity. Only when all authorized Crisis Stabilization Unit's are at full capacity; or when the individual is suffering from an injury or other medical issue; is severely intoxicated or combative, should they then immediately be transported to the nearest Hospital Emergency Center. If the member observing the conduct has any doubt as to whether or not the individual is a person requiring treatment, the member shall request a supervisor to be dispatched to the scene.
2. The supervisor shall determine if the individual is a person requiring treatment. When the decision is made to transport, the member observing the conduct shall convey and complete the necessary documentation required by the authorized Crisis Stabilization Unit or hospital. Family members of the individual are often a reliable source of any mental illness history and can file a petition regarding their family member. The member shall transport the individual irrespective of whether the family member is going to file the petition.
3. Mental illness of an individual is often difficult to define, even for the trained professional.

Members are not expected to make judgments of mental or emotional disturbances but rather to recognize behavior that is potentially dangerous or destructive to them self or others. The following are generalized signs and symptoms of behavior that may suggest mental illness although members shall evaluate the following and related symptomatic behavior.

201.5 - 4.3 Degrees of Reaction

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

201.5 - 4.4 Extreme Rigidity or Inflexibility

Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

201.5 - 4.5 Encountering an Individual Experiencing a Mental Health Crisis

The following are general guidelines for any member who determines that an individual may be mentally ill and a potential threat to themselves, the member, or others, or may otherwise require law enforcement intervention:

a. Determine through dispatch if there is an available Mental Health (MH) unit available. If one is not available, the member shall inquire as to whether a Crisis Intervention Team (CIT) member is available. If either are available, the member shall request that they respond to the scene.
b. If the individual poses an immediate threat, the individual shall be placed in protective custody.
c. In all situations, if feasible, the member(s) shall:
    1. Introduce themselves.
    2. Obtain the individual's name.
    3. Inquire about medications and whether the individual has been taking them.
    4. Determine if the individual has ever been to a mental health facility and check LEIN for a court order.
    5. Offer transportation assistance to a mental health facility and/or inform the individual of the need for conveyance if deemed an immediate threat.
    6. Offer information regarding mental health resources such as facilities, contact numbers, etc.
    7. Add the notes related to the member or other person's interaction with the individual to the Computer Aided Dispatch (CAD) system.
    8. If required, complete an RMS report. Although an individual may be mentally ill, it does not exempt them from legal consequences. However, it may factor into criminal responsibility and/or sentencing in a court of law.

Note: All members who encounter an individual suffering from a mental illness shall complete a Superion Field Contact Report. The report will assist with officer safety, allow them to review past

history, prior response preparation, and allow them to quickly dispatch a member of MH or CIT.

Members shall be reminded that patience and time is an asset when dealing with individuals afflicted with mental illness. In many cases, gaining the trust of an individual suffering from mental illness and/or in crisis can take time. In the event the individual is determined to be a threat to themselves and others, the members shall attempt de-escalation tactics, verbal commands and alternatives to force as defined in Directive 304.2 Use of Force. If a member must use force, the member and supervision shall follow the procedures set forth under Directive 201.11 Use of Force and Detainee Injury/Reporting and Investigation.

201.5 - 4.6 Transporting Individuals with Mental Disorders

Should a member be prompted to transport an individual with a mental disorder, they shall adhere to the following procedures:

a. Transport with at least two (2) officers and/or a vehicle partition;
b. Use the most secure vehicle and seating arrangement to transport safely;
c. Transport to the most appropriate facility depending on the nature of the situation (e.g. mental health facility, residential facility, lock-up, emergency room, etc.);
d. Recognize the appropriate check-in procedures upon arrival or call ahead;
e. Do not leave the person requiring services unattended; and
f. Seatbelt shall be safely applied.

201.5 - 4.7 Transport Order and Request

a) The Wayne County Probate Court Behavioral Health Unit issues orders for Examination / Transport for individuals 18 or older requiring evaluation by a Psychiatrist / Psychologist. The Order mandates law enforcement to take the subject into protective custody and transport them to the designated facility for evaluation. These Orders are good for ten (10) days from the date of issue. If it is not executed within the ten (10) days a new request must be submitted. Petitioning members that are granted this order are instructed by the court to take it to any precinct within the city. When this order is presented to a precinct supervision they shall:

1. *Verify that the Order was issued within the City of Detroit;*
2. *Verify that the Order is not older than ten (10) days from the date of issuance;*
3. *Verify that Box 7 is checked, authorizing law enforcement to take the subject into protective custody.*

b) The precinct supervisor shall coordinate with dispatch to have a scout car make the location on the document to attempt to take the ordered individual into protective custody and transport them to the listed facility for evaluation. A copy of the Order for Transport / Examination will need to be provided to that facility for proper admittance. Under no circumstances should precinct personnel turn these Orders away or refuse to make a reasonable attempt to execute them. The primary unit may request the assistance of a Mental Health Co-Response Unit or C.I.T. trained officers, if needed, through dispatch.

c) *It is important to remember that individuals being taken into protective custody under these circumstances are not under arrest. Forced entry should never be made into the location unless exigent circumstances exist.*

201.5 - 5 MENTAL HEALTH CO-RESPONSE TASKFORCE (MHCRT)

The Citywide Mental Health Co-Response Taskforce (MHCRT) is comprised of a community partnership between law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other advocates. It is an innovative first-responder model of police-based crisis intervention to help persons with mental disorders and/or addictions access medical treatment rather than place them in the criminal justice system due to illness-related behaviors.

The Mental Health Co-Response Taskforce is a three (3) pronged intervention program:

1. Crisis intervention trained members are paired with a behavioral health specialist, and respond to various locations within the city;
2. A 911 Integrated Response Call Center connects callers to a behavioral health specialist embedded in 911;
3. Detroit Homeless Outreach Team (DHOT). Homelessness advocates and behavioral specialists connect the unsheltered/homeless population with resources and services.

The MHCRT job duties entail co-responding to calls for service with a mental health nexus that may be armed, not armed, violent or not violent. When a call comes into the Communications Call Center with mental health nexus, the call taker will ask a series questions to determine if there is a mental health nexus.

These questions include, but are not limited to:

a. Can you give me a description of the person?
b. Is this person under the influence of any alcohol, drugs, or prescription medications?
c. Are they currently taking their prescribed medication(s)?
d. Did the person come on foot or in a vehicle?
e. Are they currently working with any health care providers?

If it is determined that the call for service is of mental health nexus, the call will be transferred to the embedded behavioral health specialist to triage the call and attempt to de-escalate the situation or divert the call to supportive mental health services. If the call needs to be escalated for response, then the call will be transferred to a radio district dispatcher. The corresponding precinct will be dispatched to the location of the call for service. The responding unit will assess the situation for successful resolution. If it is determined that the MHCRT is needed, the responding unit will notify the zone dispatcher and request MHCRT.

201.5 - 6 CITYWIDE CIT RESPONSE

In the event a precinct scout car is dispatched to a scene involving an individual in crisis and the member(s) determine that assistance is needed, a MHCRT unit shall be dispatched. Upon arrival,

the MHCRT unit will take over as the primary unit in dealing with the individual in crisis. The precinct scout shall stand by to assist, if necessary, and be prepared to transport the individual to a Crisis Center for medical treatment and/or the Detroit Detention Center (DDC). The MHCRT unit shall inform dispatch once they are clear and available.

201.5 - 6.1 Training

The Detroit-Wayne Crisis Intervention Team (CIT) provides training to members of the Detroit Police Department. A prerequisite to receiving CIT training is participating in the Mental Health First Aid (MHFA) Training. The Detroit Police Department partners with the Detroit Wayne Integrated Health Network (DIWHN) to train our members. Mental Health First Aid is an 8-hour course that teaches members how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps members identify, understand, and respond to signs of addictions and mental illnesses.

After the MHFA Training has been successfully completed, members undergo CIT Training. Qualified members undergo forty (40) hours of training, which involves a community-based approach to individuals experiencing a mental health crisis. Additionally, DIWHN offers a two-day training for civilian 911 call-takers and dispatchers which is available to the Department's Emergency Services Deployment Operators (ESDO).

All members assigned to the Mental Health Co-Response Taskforce shall be trained and authorized to carry the department's less lethal weapons. These weapons include but are not limited to the 40 MM Launcher with a foam impact round, BolaWrap, and the Pepperball Tac-SA with Pepperball projectiles [Refer to 304.2 Use of Force].

201.5 - 6.2 MH-98 Co-Response Team

The MH-98 Co-Response Team is comprised of CIT-trained members and a Behavioral Health Specialist (BHS) in a patrol function. The goal of this team is to connect individuals in crisis to preventative services. The members assigned to MH-98 are responsible for responding as an assisting unit to the following calls for service:

1. Mental not violent, and
2. Mental violent not armed.

In addition, the "98" car responds to the following nature codes if verified by ~~the embedded~~ DIWHN Behavioral Health Specialist as having a mental health nexus:

1. Wellbeing check;
2. Hang up; and
3. Disturbance.

DPD utilizes two (2) CIT sworn members to co-respond with one (1) BHS to respond to applicable calls for service and self-initiated investigations. In the absence of one (1) sworn CIT member, the unit may operate as an Adam Unit (i.e., MH198A), which includes one (1) BHS and one (1) CIT trained sworn member. A BHS is a licensed mental health professional. They are not trained or

certified Law Enforcement. As a result mental health cars with a Behavioral Health Specialist, designated by the "98" ending shall never be directed to respond as the primary unit to Violent or Armed individuals who may be experiencing a mental health crisis, and shall only be used as a secondary support unit to assist the primary.

201.5 **- 6.3 Mental Health Co-Response Unit**

This team is comprised of two (2) CIT trained sworn members who respond to the following calls for service:

1. Suicide threat;
2. Suicide in progress;
3. Mental violent not armed; and
4. Mental violent armed.

DPD utilizes two (2) CIT trained sworn members to respond to applicable calls for service and self-initiated investigations. In the absence of one (1) sworn CIT trained member, the unit may operate as the unit may operate as an Adam Unit (i.e. MH1A), which includes one (1) CIT trained sworn member. This unit may be utilized to assist units with calls having a mental-health nexus. Adam units should never be directed to respond as the primary unit to Violent or Armed individuals who may be experiencing a mental health crisis.

201.5 - 6.4 Mental Health Crisis Centers

Due to the city and county's increased efforts to service the mentally ill, there are now authorized Mental Health Crisis Centers in Detroit and the metropolitan Detroit area. These centers are potential alternatives to Hospital Emergency Rooms. The centers listed below are crisis stabilization centers or psychiatric urgent cares. Should a member encounter someone having a mental health crisis, members are requested to utilize these facilities first whenever possible. Details pertaining to the centers are listed below (with additional details attached):

- Team Wellness Center
  - Address: 6309 Mack Ave, Detroit, MI 48207
  - Hours: 24/7

- Detroit Wayne Integrated Health Network (DWIHN) Crisis Care Center
  - Address: 707 W Milwaukee Ave, Detroit, MI 48202
  - Hours: 24/7

For expedited entry into these locations, it is recommended that members call these locations, providing the individual's name, date of birth, and circumstances. Individuals with injuries, medical conditions, or are combative, shall be transported to the nearest hospital. In addition, if these facilities are all at maximum capacity, the member shall utilize the nearest hospital for the individual's treatment.

Utilizing these facilities should be the first resource or support considered by members. Additionally,

conveying individuals experiencing a mental health crisis to these crisis centers and psychiatric urgent cares would provide a more immediate response to crisis stabilization.

201.5 - 7 REQUESTS FOR TREATMENT

1. When a citizen telephones to request information relative to treatment and/or admission of persons who are mentally ill, the caller shall be advised to telephone the 24-hour Emergency Mental Health Services Call Center unless:

   a. The caller possesses the required documents as delineated above for conveyance; or
   b. The caller indicates a person has homicidal, suicidal, or other dangerous tendencies.

2. When either of the above factors is present, members receiving the call shall contact the emergency services operator and request a response unit.

3. If a citizen appears at a precinct or other department facility requesting information or assistance, direct that person to call the Mental Health Services Department of Wayne County Probate Court or go in person to the Coleman A. Young Municipal Center Building, 2 Woodward Ave., Room 1307, to request a petition. Under no circumstances shall a citizen be directed to go to the Crisis Center at DRH or other medical facility for information or help with probate court paperwork. However, the person may be directed to call the 24-hour Emergency Mental Health Services Call Center. This information will be made accessible to each precinct by OWCR.

201.5 - 8 MENTAL HEALTH OUTREACH PROGRAMS

DWIHN has developed an outreach program that identifies and provides appropriate services for individuals who are mentally ill or developmentally disabled who would otherwise be involved with the criminal justice system without mental health services. DWIHN is located at 707 Milwaukee Avenue, Detroit, MI 48202, and may be contacted Monday through Friday, 8:30 a.m. - 4:30 p.m. The 24-hour access center helpline may be reached for Wayne County residents only.

201.5 - 9 DATA COLLECTION, REPORTING, AND PROGRAM EVALUATION

The Department is committed to continuous improvement of its mental health crisis response programs. This commitment is supported by comprehensive data collection, analysis, and regular program evaluation.

201.5 - 9.1 Reporting

All encounters with individuals in mental health crisis will be thoroughly documented through CAD notes, Superion Field Contacts (as outlined in 4.5), and any required RMS reports, capturing key data points such as:

- Reason for contact.
- Presence of a mental health nexus.
- Type of DPD unit responding (e.g., MH-98, Mental Health Co-Response Unit, patrol).
- De-escalation techniques employed and their perceived effectiveness.
- Any use of force, its justification, and outcome.
- Final disposition (e.g., transport to crisis center, transport to hospital, diversion from criminal justice, arrest, resolution on scene).
- Referrals to community resources.

201.5 - 9.2 Analysis and Review

Data collected will be regularly reviewed by Department command staff, in collaboration with DWIHN and other community partners, to:

- Identify trends in mental health-related calls.
- Assess the effectiveness of specialized units and training programs.
- Determine the impact of the policy on reducing arrests, improving outcomes for individuals in crisis, and enhancing officer safety.
- Inform strategic planning and resource allocation for mental health response.
- Identify areas for policy or training refinement.

201.5 - 9.3 Continuous Improvement

This policy, along with related training curricula and operational procedures, will be subject to periodic review and updates based on data analysis, feedback from officers and community partners, changes in best practices, and legislative developments.

Related Policies

- 201.11 Use of Force and Detainee Injury Reporting/Investigation
- 304.2 Use of Force
- Training Directive #22-02 Response to Unsheltered Populations

References

International Association of Chiefs of Police. *Mental Health Crisis Response*. IACP, 29 June 2020, www.theiacp.org/sites/default/files/2021-07/Mental%20Health%20Crisis%20Response%20FULL%20-%2006292020.pdf.