



SPECIAL ORDER

DATE OF ISSUE
03/25/2024

EFFECTIVE DATE
03/25/2024

NUMBER
24-05

SUBJECT
Responding to Mental Health Crises

REVISIONS	RESCINDS	EXPIRATION DATE	DISTRIBUTION
Revisions are italicized	SPECIAL ORDER 22-28, RESPONDING TO MENTAL HEALTH CRISES (201.5)	03/25/2025	A

Purpose

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

Policy

1. Mental illness is not a crime and does not, in itself, justify or require police intervention. Many mentally ill persons are capable of functioning on their own without causing danger to themselves or others. When persons appear to be mentally ill, the Department's primary concern shall be to protect the mentally ill person and other citizens.
2. It is the policy of this Department that members be provided with training to determine whether a person's behavior is indicative of a mental health crisis and with guidance, techniques, response options, and resources so that the situation may be resolved in as constructive, safe and humane a manner as possible.

Definitions

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, an inability to communicate, care for oneself, or hold a job.

Force

1. The term "force" means the following actions by an officer:
 - a. Any physical strike of instrumental contact with a person;
 - b. Any intentional attempted physical strike or instrumental contact that does not take effect; or
 - c. Any significant physical contact that restricts the movement of a person.
2. The term "force" includes the following:
 - a. The discharge of firearms;
 - b. The discharge of Taser;
 - c. The use of chemical spray;
 - d. Choke holds or hard hands;
 - e. The taking of a subject to the ground; or
 - f. The deployment of a canine.
3. The term "force" does not include escorting or handcuffing a person with no or minimal resistance. Use of force is lawful if it is objectively reasonable under the

circumstances and the minimum amount of force necessary to effect an arrest or protect the officer or other person is used.

Mental Health Crisis

An event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an extreme emotional, physical, mental, and/or behavioral response. Symptoms may include the following:

- a. Emotional reactions such as fear, anger, or excessive giddiness;
- b. Psychological impairments such as inability to focus, confusion or nightmares, and potentially even psychosis;
- c. Physical reactions like vomiting, stomach issues, headaches, dizziness, excessive tiredness or insomnia; and/or
- d. Behavioral reactions including the trigger of a "freeze, fight, or flight" response.

Mental Illness

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.

Person Requiring Treatment (MCL 330.1401)

A person requiring treatment may fall under the following definitions:

- 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 [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 has 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.

Protective Custody (MCL 330.1100c)

The temporary custody of an individual by a peace officer with or without the individual's consent for the purpose of protecting that individual's health and safety of the public, and for the purpose of transporting the individual if the individual appears, 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.

Procedures

Protective Custody

Any members who witnesses 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 LEIN to ascertain if a protective order 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 preadmission screening unit or hospital designated by the community mental health services program for hospitalization; 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 preadmission screening unit designated by a community mental health services program for examination.

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 transport the person immediately to Detroit Receiving Hospital or the closest authorized medical facility, unless an alternative emergency psychiatric treatment center has been designated. 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 convey, the member observing the conduct will make the conveyance. The member will be the petitioner and will complete the Application for Admission at the hospital or authorized alternative emergency psychiatric treatment center.
3. Family members of the individual are often a good reliable source of any mental illness history, and can petition their family member. The members shall convey regardless if the family member is going to file the petition.
4. Mental illness is often difficult for even the trained professional to define in a given individual. Members are not expected to make judgments of mental or emotional disturbances but rather to recognize behavior that is potentially dangerous or destructive to 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 in the total context of the situation when

making judgments about an individual's mental state and need for intervention absent the commission of a crime.

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.

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.

When Encountering An Individual Experiencing a Mental Health Crisis

Should a member determine that an individual may be mentally ill and a potential threat to themselves, the member, or others, or may otherwise require law enforcement intervention; the following responses provide general guidelines:

- a. Introduce yourself;
- b. Ask Zone Dispatch if there are any CIT Unit members working;
- c. If the CIT Unit is not working ask if a CIT person assigned to the district available;
- d. Attempt to obtain the person's name;
- e. Ask if the person takes medication;
- f. Ask if the person has been to a mental health facility;
- g. Ask if the person would like assistance by offering to provide transportation to a mental health facility to obtain medication and/or treatment;
- h. Offer resources, including telephone numbers, locations of mental health facilities and other relevant information; and
- i. Add notes of actions taken into CAD.

All members of the Detroit Police Department shall complete a Field Contact in Superior identifying any citizen suffering from mental illness. In identifying these individuals this will assist the officers in better preparing themselves on how to handle the police run, as well as a dispatching a CIT member expeditiously to assist.

- a. Members are to click on the Field Contact in MCT or MOBLAN
- b. Select a Reason for the contact
- c. Complete the location
- d. Type in individuals name, if the appears in the name record click Use, if not enter the individuals information and click Save
- e. Once the name record appears click on the Alert Box
- f. Click on MHH for Mental Health History
- g. Notes can be added to the record, e.g. known to carry weapons, known to resist law enforcement
- h. Once all information has been added click save

Upon completing this information in the reporting system this will add a red "Alert" in our system regarding any citizen suffering from mental illness, and provide member with important past history.

Members shall be reminded that when dealing with mentally ill individual's patience and time is an asset. In many cases, gaining the trust of an individual suffering from mental illness and/or crisis can take time.

If in the event the individual is determined to be a threat to themselves and others the officers shall attempt de-escalation tactics, which is defined as; as taking action or communicating verbally or non-verbally during a potential force encounter in an attempt to stabilize the situation and reduce the immediacy of the threat so that more time, options, and resources can be called upon to resolve the situation without the use of force or with reduction in the force necessary. De-escalation may include the use of such techniques as command presence, advisements, warnings, verbal persuasion, and tactical repositioning. Just as officers must be prepared to respond appropriately to rising levels of resistance, they must likewise be prepared to immediately de-escalate and/or disengage from the use of force as the subject de-escalates or comes under the officer's control. Often the most appropriate response option to a situation involves de-escalation, disengagement, area containment and/or surveillance, waiting out a subject, summoning reinforcements or calling in specializing commands.

All members assigned to the Citywide CIT 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, and the Pepperball Tac-SA with Pepperball projectiles [Refer to 304.2 Use of Force].

If a member has to use force on an individual taken into protective custody a supervisor shall be notified via dispatch and Manual Directive 201.11 Use of Force and Detainee Injury Reporting/Investigation shall be followed. The officer shall complete a UF-002 in MAS prior to the end of their tour of duty.

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.

Persons of Unauthorized Leaves of Absence

1. When a person has taken an unauthorized leave of absence from a state or federal mental institution, the director of the institution will notify the Michigan State Police, who will in turn enter this information into the Law Enforcement Information Network (LEIN). If such a person comes into the custody of this Department, the person shall be taken to the Crisis Center at Detroit Receiving Hospital or the closest authorized medical facility for mental health care and treatment.
2. The member taking the individual into custody shall notify the Message Center at (313) 596-2173. The Message Center will send a LEIN to the State of Michigan

requesting the individual's name be removed. Medical personnel from Detroit Receiving Hospital or the closest authorized medical facility to which the person was transported by officers will contact the institution to arrange for proper transportation.

Mental Health Co-Response Team

The Mental Health Co-Response Team is a three (3) pronged intervention program: (1) Critical Incident 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 specialist connect unsheltered/homeless population with resources and services.

Their job duties entail co-responding to calls for service of a mental health nexus that are armed, not armed, violent, not violent. When a call comes into the communications call center of a mental health nexus, the call taker will ask a series of Pro Q and A questions to determine if there is a mental health nexus. These questions are:

- a. Is the person still there now?
- b. Does the person have any medical or mental issues that we need to know about?
- c. Does the person have any weapons on them? If so, please provide a description.
- d. Can you give me a description of the person?
- e. Is this person under the influence of any alcohol, drugs, or prescription medications?
- f. Are they currently on their medications?
- g. Did the person come on foot, or in a vehicle?
- h. 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 for 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 Citywide Crisis Intervention Team (CIT) is needed, the responding unit will notify the zone dispatcher and request CIT.

The Citywide CIT is comprised of a community partnership of 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.

Citywide CIT Response- In the event a precinct scout car is dispatched to a scene involving an individual in crisis and determines assistance is needed, the Citywide CIT shall be dispatched as a secondary back up unit. The Citywide CIT unit will take over as the primary in dealing with the individual in crisis. The precinct scout shall stand by, and be prepared to convey the individual to a Crisis Center for medical treatment and/or DDC. The Citywide CIT unit shall inform dispatch they are clear and available.

Training

The Detroit-Wayne Crisis Intervention Team (CIT) provides training to members of the Detroit Police Department. This program is an unincorporated membership whose primary purpose is to facilitate understanding, development, and implementation of Crisis Intervention Team (CIT) programs based on the "Memphis Model." The purpose is to promote and support collaborative efforts to create and sustain more effective interactions among law enforcement, behavioral health care providers, individuals with mental illness, their families and communities, and to reduce stigma related to mental illness.

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).

CIT-98 Co-Response Team

This team is comprised of CIT-trained members and a Behavioral Health Specialist (BHS) in a patrol function. This goal of this team is to connect those individuals in crisis to preventative services. They operate a "98" car, which is responsible for responding to the following calls for service:

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

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 98A, which includes one (1) BHS and one (1) CIT trained sworn member. BHS are licensed mental health professionals and are not employed by DPD.

Mental One (MH-1) Response Team

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 Calls-for-Service.

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 MH1A, which includes one (1) CIT trained sworn member. This unit may be utilized to assist units with calls having a mental health nexus. MH1 units are directed to respond as a primary unit to Violent or Armed individuals who may be experiencing a mental health crisis.

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 **whenever possible**. Details pertaining to the centers are listed below (with additional details attached):

- Team Wellness Center/24-hours crisis stabilization
 - Address: 6309 Mack Ave, Detroit, MI 48207
 - Emergency Number: (313) 331-3435
 - Hours: 24/7
- Community Outreach Psychiatric Emergency (COPE)/24-hours crisis stabilization
 - Address: 33505 Schoolcraft Road, Livonia, MI 48150
 - Emergency Number: (734) 721-0200 & (844) 296-2673
 - Hours: 24/7
- Lincoln Behavioral Services/psychiatric urgent care
 - Address: 9315 Telegraph Road, Redford Charter Township, MI 48239
 - Emergency Number: (313) 450-4500
 - Hours: Monday & Tuesday 8:30 AM – 8 PM; Wednesday – Friday: 8:30 AM – 5 PM
- Community Network Services (CNS)/psychiatric urgent care
 - Address: 12800 East Warren, Detroit, MI 48215
 - Emergency Number: (313) 308-1400 & (877)242-4140
 - Hours: Monday – Friday 8 AM – 5 PM

For expedited entry into these locations, it is recommended that members call the above telephone numbers, providing the individual's name, date of birth, and circumstances. Individuals with injuries and/or medical conditions, shall be conveyed to the nearest hospital.

Utilizing these facilities should provide an additional resource or support for 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.

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 at (313) 224-7000, 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 at (313) 224-5825, 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 Detroit Receiving Hospital 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 at (313) 224-7000. This information will be made accessible to each precinct by OWCR.

Mental Health Outreach Programs

The Detroit Wayne Mental Integrated Health Network 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. The Detroit Wayne Integrated Health Network is located at 707 Milwaukee Avenue, Detroit, MI 48202, and may be contacted at (313) 344-9099, Monday through Friday, 8:30 a.m. - 4:30 p.m. The 24-hour access center helpline may be reached at (800) 241-4949 for Wayne County residents only.

Related Policies

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

Updates to the Department Manual are forthcoming.

JAMES E. WHITE
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