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EMOTIONALLY DISTURBED PERSONS
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PURPOSE: The purpose of this policy is to develop procedures for the proper handling of situations that involve individuals who are suffering from mental illness, as defined under the New York State Mental Hygiene Law.

POLICY: It is the policy of the Albany Police Department that personnel shall remain attentive and understanding to persons that may be experiencing mental or emotional difficulties and who may require police assistance and/or community mental health resources. Personnel of the Albany Police Department shall use their judgment based on their training, experience and discretion when conducting an arrest/involuntary commitment, under the New York State Mental Hygiene Law, without compromising personnel or patient safety.

DEFINITIONS: **Mental Illness** – Mental illness means an affliction with a mental disease or mental condition, which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person afflicted requires care or treatment.

Voluntary – Voluntary means a person who has requested admission, care and treatment for themselves.

Involuntary – Involuntary means a person that requires immediate observation, care and treatment, and whose conduct appears likely to result in serious harm to him/herself and/or others if left untreated. “Involuntary” implies the person is brought to a hospital for evaluation against their will.

Facility – A facility is any place in which the services for the mentally disabled are provided and includes, but is not limited to, a psychiatric center, developmental center, institute, clinic, ward, institution, or building, except that in the case of a hospital it should mean only a ward, wing, or unit thereof, per New York State Mental Hygiene Law Article 1, Section 1.03 (6). For the purposes of this policy, the only facilities that personnel of the Albany Police Department shall transport persons in need of mental health care are: Albany Medical Center Emergency Room, the Capital District Psychiatric Center, and the Albany Stratton Veteran Affairs Medical Center.

Crisis Intervention Team - The Crisis Intervention Team (CIT) is a group of police officers who have received specialized training to enhance their ability to assist people in emotional crisis to obtain appropriate mental health service. The training is a forty hour block of instruction and is an effective police response program designed for police officers who handle crisis calls involving people with mental illness. CIT emphasizes a partnership between law enforcement, the mental health and substance abuse treatment system, mental health advocacy groups, and consumers of mental health services and their families.

I. MENTALLY ILL PERSONS

- A.** Department personnel are likely to interact with individuals who suffer from mental health issues during the normal course of business. It is important to recognize common indicators of mental illness and to remember that mental illness is not a crime.
- B.** Personnel need to be able to recognize some common indicators of a person suffering from mental illness. Some of those initial indicators include:
 - 1.** Behaviors:
 - a.** Behaviors exhibited by those in crisis may include rapid speech, flight of thought, no direct eye contact, quick movements, and disconnected thought patterns.
 - b.** Constantly moving or pacing, inability to concentrate, sudden mood changes, disorganized thoughts, and disorientation as to time and place.
 - c.** Acts of violence, injury to self, inappropriate dress or nudity, or aggressiveness are also common of a person in crisis.
 - 2.** Hallucinations:
 - a.** Hallucinations can affect all of a person's senses.
 - b.** Individuals suffering from hallucinations may see and/or hear persons or things that are not there, or hear internal voices telling them to hurt themselves or others.
 - c.** Television or other external sources may suggest that they harm themselves or others as well.
 - d.** Often a person suffering from hallucinations will turn their head as if to listen to an unseen person or voices only they hear. This behavior is generally associated with schizophrenia, and the danger of a potentially violent encounter is intensified if the person is in crisis and not taking medication.
 - 3.** Self-Care Issues:
 - a.** A person in crisis may exhibit insomnia or an increased need for sleep and may not eat for days at a time.
 - b.** They may not be taking prescribed medications and can exhibit a general neglect of their household, property, or personal hygiene to the point of putting self or others at risk.

4. Feelings:

- a.** A person in crisis may exhibit low self-esteem with feelings of hopelessness or helplessness, which is referred to as a flat affect.
- b.** The person in crisis may not react with much feeling or interest to persons or objects that were once of importance to them.
- c.** These behaviors are often indicative of bipolar disorder or major depression.

5. Suicidal Risks:

- a.** A person in crisis may be at a heightened risk of suicide, and may have thoughts or ideations of suicide and a previous history of attempted suicide.
- b.** If the person has immediate access to weapons and/or has a family history of suicide and/or mental illness, the risk of suicide increases further.
- c.** Often life changing or catastrophic events such as a death in the family, loss of job, etc., can lead to attempted or successful suicides in persons suffering from mental illness.

6. Concerns Relating to Aging:

- a.** Concerns relating to aging and mental illness may include wandering at night, leaving items on the stove, not eating or sleeping, unrealistic fears, confusion and uncontrollable anxiety.

7. Substance Abuse:

- a.** Mentally ill persons often self-medicate to alleviate their symptoms, leading to substance dependence as a co-occurring disorder to the mental illness. It is often difficult to separate the two issues during a crisis intervention contact.

II. CRISIS INTERVENTION TEAM PROCEDURES

A. Officers who have received the CIT training shall be dispatched to emotionally disturbed persons, persons attempting suicide, and pickup orders according to the dispatching protocols listed below.

- 1.** The CIT officers who have completed training have done so with the understanding that it comes with additional responsibilities and will require hard work.
- 2.** The department as a whole should also understand that the training emphasizes CIT officers to invest additional time when necessary to aid a person with a mental illness in crisis and make appropriate referrals when necessary.
- 3.** There may be calls for service where the CIT officer is required to spend more time than usual to handle it.

B. Protocol for Dispatching CIT Officers:

1. When a call is received for an emotionally disturbed person, Communications and/or desk personnel shall attempt to attain as much information as possible with regards to injuries, weapons, violent tendencies, types of mental illness, alcohol or drug use, name of person in crisis, history of suicide attempts and any other pertinent information.
2. If a CIT officer is in-service and the call location is within the officer's assigned station or reasonably close to the officer's current location, said officer shall be dispatched to the call.
3. If there is a second CIT officer who is in-service and the call location is within the officer's assigned station or reasonably close to the officer's current location, said officer shall be dispatched as the secondary officer.
4. A list of all active CIT officers will be maintained at communications and will be updated as necessary.
5. CIT officers may be requested to scenes as necessary by supervisors.
6. CIT officers may volunteer to handle a call that he/she believes to be CIT in nature. The CIT officer may know the person to be mentally ill or knows the location to be a residence/outpatient home of the mentally ill.
7. NEU officers may be dispatched to the above listed call types only if it is in their assigned beat and they are in-service but dispatchers must take into account the NEU officer's method of transport. They are not to be picked up by a patrol unit and utilized to answer these calls for service unless it is requested by the NEU officer.
8. CIT officers are not to be utilized as negotiators.

C. CIT Referrals:

1. If it is determined that an individual does not need emergency care but is in need of mental health services of a non-emergency nature, a CIT officer shall complete an [Albany Police Department CIT Form](#), APD Form # 243 shown on page 7 of this order, and forward the completed form to the CIT-CART Mobile Team email address;
2. Officers shall be aware that the individual being referred must be an Albany County resident; and
3. Officers shall advise the referred individual that staff from the CART Mobile Team will perform outreach within seventy-two (72) hours.

III. MENTAL HEALTH EVALUATIONS BY PERSONNEL

A. Upon arrival on the scene, personnel shall interview any complainants/victims to ascertain what potential mental health needs the individual may be suffering from.

1. The safety of the person in crisis, the involved department personnel, and the general public are of primary concern when responding to calls or when dealing with persons suffering mental illness issues during contacts on the streets or during interviews and interrogations. Specific guidelines for dealing with these types of situations include:

- a. If the initial contact with the person in crisis is not of criminal or barricaded subject origin, every effort is to be made to avoid an escalation that may result in criminal charges or the use of protective action.
 - b. Personnel shall demonstrate patience and empathy while interacting with mentally ill persons, recognizing that mental illness is a disease and not a conscious decision.
 - c. Officers should consider other alternatives to arrest when investigating infractions of a minor nature committed by a person with mental illness. This does not restrict, but rather reinforces, an officer's discretion and authority to place a subject under arrest for committing a criminal offense or to utilize some other diversion program to deal with the situation and behavior.
 - d. Officers are to evaluate the mental state of a person suspected or accused of a criminal act when conducting interviews. While it is not the officer/detectives responsibility to determine competency as it relates to the decisions of the court, it is their responsibility to ensure the person undergoing questioning is capable of understanding the nature of the questioning and the potential consequences of any statements given.
- 2. Section 9.41 of the New York State Mental Hygiene Law allows a police officer to take into custody any individual for mental health evaluation if:
 - a. The individual displays a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical injury; or
 - b. The individual displays a substantial risk of physical harm to him/herself as manifested by threats of, or attempts at, suicide or serious bodily harm; or shows other conduct demonstrating that he/she is dangerous to him/herself, such as, the individual's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization.
- 3. If responding personnel are unsure if the individual poses a threat of harm to him/herself and/or others and wants further assistance in regards to the matter, personnel should:
 - a. Ask for a supervisor to respond to the scene to assist in interviewing the individual and to help make a determination as to whether or not the individual needs immediate hospitalization or a referral to Albany County CART Mobile (formerly Mobile Crisis).
 - b. Responding officers shall have the desk officer at their respective stations call Albany County CART Mobile, and ask them to send a social worker to the scene for the purpose of interviewing the individual, and to assist in making a determination as to whether or not the individual needs immediate hospitalization or other mental health treatment.
 - c. If either a CIT officer or a social worker from Albany County CART Mobile is not available for assistance, then the responding officer shall exercise sound judgment based on their experience and training and make a

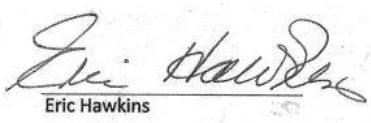
decision as to the disposition of the individual. The responding officer may consult with their immediate supervisor prior to making a final decision.

- B.** If it is determined that the individual is in need of medical attention, or they are under the influence of narcotics and/or alcohol, AFD/EMS shall respond to the scene and the individual shall be transported by ambulance to a medical hospital for treatment, prior to being seen by a mental health provider.
- C.** If the individual is not in need of medical attention, they shall be transported by ambulance to the proper mental health facility for a mental health evaluation.
 - 1. If personnel from Albany County CART mobile decide to transport the individual in their vehicle, officers shall exercise discretion as to whether or not the safety of anyone involved is in danger. If someone's safety is in danger, the individual shall be transported by ambulance. The safety of all parties involved is of upmost importance and shall be exercised at all times.
 - 2. Prior to transporting, officers shall notify CDPC personnel that they will be transporting an individual to their premises for evaluation.
- D.** When an individual is taken into custody under the New York State Mental Hygiene Law Section 9.41, and Albany County CART Mobile does NOT respond, personnel must complete the following:
 - 1. An Office of Mental Health Emergency Admission – Custody/Transport of a Person Alleged to be Mentally Ill to a Hospital, [OMH Form 474A/476A](#) (Section I only);
 - 2. A CDPC Police Contact Information Sheet;
 - a. These forms can be located at the previous designated facilities, as defined above, and must be filled out whether the patient is being transported directly to CDPC or to a medical facility for medical attention first.
 - b. A copy of each form shall be left with the medical facility that the individual is transported to, and the original shall be filed with the respective station.
 - 3. A Standardized Incident Report (SIR) that lists Section 9.41 of the MHL under the charges section.
- E.** When an individual is taken into custody under the New York State Mental Hygiene Law Section 9.41, and Albany County CART Mobile DOES respond, personnel must complete the following:
 - 1. A Standardized Incident Report (SIR) that lists Section 9.41 of the MHL under the charges section.
- F.** When an individual is transported voluntarily, and cannot be held under the New York State Mental Hygiene Law Section 9.41, personnel shall complete an SIR detailing the circumstances for psychiatric evaluation.

IV. DEPARTMENT MENTAL HEALTH TRAINING

A. Department personnel who are likely to come in contact with the public shall receive guidance and training in dealing with the mentally ill. This shall consist of the following:

- 1. Documented entry level training; and**
- 2. Documented refresher training annually.**



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ALBANY POLICE DEPARTMENT CIT FORM

Date/Time of Incident:	Mo	Day	Yr	24 hr	Incident Number:	<input type="text"/>
Location of Incident:	No. Street			Floor or Apartment Number		
Client's Name:	Last, First, Middle				DOB:	<input type="text"/>
Address:	No. Street		Floor or Apartment Number		Phone Number:	
Information Reported to Police Regarding Client's Behavior and Source: <input type="text"/>						
Name:	<input type="text"/>			Phone Number:		<input type="text"/>
Behaviors or actions the client exhibited that require follow up or referral: Select those that apply: Click on boxes and select one						
None	None		None			
None	None		None			
Other: Clarify or explain as necessary <input type="text"/>						
Client Disposition: Click on box and select one <input type="checkbox"/> Other Note: A hospital should only be selected if the client is transported there for a physical injury.						
Other: Clarify or explain as necessary <input type="text"/>						
Client currently under the care of: List any services client is using <input type="text"/>						
CTU referral information: Check box(s) that apply Client is Assaultive: Has assaulted an officer or acted in a manner that if arrested would result in a resisting arrest penal law violation. <input type="checkbox"/> Client known to carry weapons: Weapons such as edged or firearms have been found in the client's possession. <input type="checkbox"/> Indicate what weapon(s): <input type="text"/>						
Agency referred to: Click on box and select one <input type="checkbox"/> CART Type of follow up <input type="checkbox"/> Phone					Other Agency:	<input type="text"/>
Officer's Name:	<input type="text"/> Print				Shift:	<input type="text"/>
Officer's Station:	<input type="text"/>			Phone:		<input type="text"/>

Note: When referring clients to CART Mobile Team, email to CIT-CART. Client must be resident of Albany County. Please advise the client that staff from the CART Mobile team will perform outreach within the next 72 hours.