Lexington Police Department

Lexington, Kentucky

GENERAL ORDER

BY THE AUTHORITY OF THE CHIEF OF POLICE

G.O. 2005-01

Rescinds: GO 1988-03D and TB 78

Effective Date: 02/11/05

Originally Issued: 1988

Dealing with Mental Illness or Medical Conditions

References: CALEA Chapter(s)

Distribution Code: B | All Department Employees

I. PURPOSE

The purpose of this order is to establish the policy and procedures for recognizing and handling persons with known or suspected mental illness. The second part of this order establishes the policy and procedure for handling prisoners with medical conditions.

II. POLICY

It shall be the policy of the Division of Police to follow certain guidelines when interacting with persons upon the recognition of suspected or known mental illness or conditions. In addition, guidelines shall also be followed when handling prisoners requiring medical treatment or hospitalization.

III. Definitions

Mentally Ill Person: A person with substantially impaired capacity to use self-judgment or discretion in the conduct of the person's affairs and social relations associated with maladaptive behavior or recognized emotional symptoms where impaired capacity, maladaptive behavior or emotional symptoms can be related to physiological, psychological or social factors. Or: Any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.

IV. PROCEDURE FOR DEALING WITH MENTAL ILLNESS

A. Training

The Bureau of Training shall ensure that all Division personnel receive documented entry level training on the recognition and handling of persons with known or suspected mental illness. The Bureau of Training shall coordinate and document refresher training on mental illness at least triennially for all Division personnel.

B. Recognition of Mental Illness

1. Types of mental illness/disorders.

a. Psychotic disorders (schizophrenia)

b. Mood disorders (bipolar disorders, severe depression)

c. Anxiety disorders (panic disorders, obsessive/compulsive)

d. Personality disorders (paranoid, narcissistic, antisocial)

e. Substance abuse disorders (alcohol, drugs)

f. Organic mental syndromes (Alzheimer, senile dementia)

2. Behaviors

a. Disorganized- overwhelmed, irrational, disoriented, regressed.

b. Despondent- depressed, angry, guilty, provocative, suicidal.

c. Driven- compulsive, manic, self-absorbed.

C. Resources and Information

Officers may utilize the list located in Appendix A to access available community mental health resources or provide useful information to the public. Note that this list is not all inclusive. Officers may advise citizens that other resources are located in the yellow pages of telephone directories.

D. Guidelines for General Contact

As all employees, sworn and civilian, have the potential to come into contact with persons suffering from some form of mental illness, the following points should be taken into consideration in order to provide the most beneficial results for all involved.

1. Be patient, understanding, provide reassurance and utilize active listening.

2. Proper assessment of the type of disorder or mental illness will allow the formation of a better strategy to effectively interact/communicate with the individual.

3. Maintain a position of safety and move slowly.

4. Presence of family/friends may be helpful.

5. Provide constant reassurance.

6. Expect provocation.

7. Do not deceive or use tricks.

8. Firm authority and control reduces anxiety and establishes control.

9. Repeat what you say and say it slowly and softly. Use simple and short sentences.

10. Avoid physical contact.

11. Watch for cues of increased anxiety, aggression, and/or dangerousness.

12. Call for back up if the situation appears to be escalating. If the employee is a civilian, call for a sworn officer(s) to assist.

13. Should an officer transport a subject to Eastern State Hospital (ESH) who is not under arrest but requesting voluntary admission, the officer shall take the individual to the admissions building and escort him/her inside to be processed by hospital personnel. Under no circumstances shall the officer leave a subject at the main gate or outside a building at ESH.

E. Guidelines for Witness/Victim Interviews

1. Take into consideration the time and location of the interview. Try not to interview in an enclosed space. Allow the subject to stand or even pace during an interview.

2. Consider using family/friends of the subject. Family may be able to provide useful information on how to effectively communicate with the individual. It may or may not be beneficial to have a family member/friend present during the interview.

3. If a family member/friend is present, ask that they do not interrupt questions or responses and allow the detective/officer to control the interview. Inform them that some questions may seem inappropriate, but the officer/detective can explain later the need for such questions.

4. Ask general questions to establish level of competency. Ask them to explain the difference between the truth and a lie and give an example. Ask a few questions with known answers to determine if the subject is giving accurate responses.

5. Take into consideration the need for medications. If a subject/witness is going to be removed from a crime scene for any length of time, determine when the next dose of medication is going to be due and ensure that it will be available. Ask the person to list all current medications. Are any of them prescribed that the person is not actually taking?

6. Take into consideration the above listed General Contact Guidelines.

F. Guidelines for Suspect Interrogation

1. When placing a subject into a Temporary Holding room, take extra precaution to remove items that could be used for self-inflicted injury (i.e., belts, shoe strings, plastic bags, etc.). Refer to General Order series 92-13, Temporary Holding Rooms.

2. Consider more frequent visual checks.

3. Take into consideration the above listed General Contact and Interview guidelines.

G. Emergency Detention of Mentally Ill Adults

No person detained under KRS 202A shall be held in jail unless criminal charges are also pending and no criminal charges shall be placed against a mentally ill person in need of hospitalization "solely or primarily" to avoid transporting the person to a hospital or psychiatric facility.

Persons charged criminally for serious offenses shall be lodged at the Division of Community Corrections. Officers shall verbally notify detention personnel of any known mental health issues and document notification within the Post-Arrest Complaint section of the Uniform Citation.

1. When an officer has "reasonable grounds to believe that an individual is mentally ill and presents a danger or threat of danger to self, family, or others if not restrained" then the officer shall:

a. Take the individual into custody;

b. Transport the individual without unnecessary delay to Eastern State Hospital (ESH) for evaluation by mental health professionals; and

c. Provide ESH with written documentation of the individual's behavior evidencing danger or threat of danger in the POST-ARREST COMPLAINT BLOCK of the Uniform Citation. The Uniform Citation, Adult Risk Form, and front page of the Complaint and Offense Report (if one exists) may be copied for ESH use.

d. Supervisors shall insure that mentally ill patients who are acutely psychotic and must be maximally restrained (hands and feet), are transported by two officers. The assisting officer shall constantly monitor the condition of the prisoner.

e. Upon leaving Eastern State Hospital, the officer shall deliver a copy of the Uniform Citation to the Division of Community Corrections for processing

2. ESH may detain the individual for 18 hours pending certification by a mental health professional that the person should be involuntarily committed. It is assumed that ESH, or other hospital as defined in this order, will proceed with filing a hospitalization petition with the appropriate court if the person is certified for involuntary committal.

a. In the event a detainee is also a suspect in a criminal offense, it is the officer's responsibility to assure that hospital in-take employees and mental health professionals are aware of that circumstance, and provide information that will make it possible for the hospital to notify the Division of Police if certification for involuntary commitment is not made.

b. It is also the responsibility of the officer to notify his/her immediate supervisor of the circumstance.

c. That supervisor is responsible for assuring oncoming shift commanders and the Communications Unit Commander are aware of those particular circumstances. Initial notification may be verbal; however, written notification shall be prepared and distributed prior to the end of the shift during which the custody occurred.

d. If the individual is not detained by ESH and probable cause exists that the person has committed a criminal offense, the officer may obtain and serve the warrant at the time of ESH release.

H. Detention of Mentally Ill Juveniles

1. Take the juvenile into custody.

2. Contact the Court Designated Worker (CDW) at Juvenile Intake and notify them of the behavior which necessitates emergency detention of the juvenile. The CDW will subsequently notify the Juvenile Prosecutor of the County Attorney's Office and CHR.

3. Determine if the parent or guardian wants the juvenile transported to a medical facility of their choosing. If there is no preference, transport the juvenile to the University of Kentucky Emergency Room which has a psychiatrist available 24/7 to conduct evaluations. Other medical facilities are appropriate to use, but only if requested by the parent or guardian. University of Kentucky Medical Center will not admit juveniles for mental health services. The decision to admit a juvenile to inpatient care at a private hospital (e.g., Samaritan, St. Joseph, or Ridge) is a medical decision made between the physician and parent/guardian. The Division does not provide further transportation to another in-patient facility for the family or hospital unless extenuating circumstances would warrant it, and then only with the approval of a supervisor.

4. A copy of the Juvenile Case summary shall be delivered to the Court Designated Worker.

I. Report Calls at Eastern State Hospital

1. Upon being dispatched to Eastern State Hospital for a report call, officers shall proceed to the switchboard area in the Gragg Building (Building 57), to meet the complainant. This area has been designated as the primary location where reports will be taken by officers, (with the exception of collision reports in the parking areas). This is the only indoor location where an officer may wear his/her weapon.

2. Should it become necessary to enter another building on Eastern State property for any reason, the officer shall secure his/her weapon in a suitable manner, preferably in the trunk of the police unit, (unless emergency circumstances dictate otherwise). Due care should be exercised at all times while on Eastern State property.

3. The Police Communications call-taker shall direct the complainant to meeting the officer at the above location.

J. Hospital Requests for Transportation or Assistance With the Mentally Ill

1. In the event a hospital or physician requests Division assistance to transport a mentally ill individual to ESH, the officer shall:

a. Deny the request if the individual has been admitted to the hospital and no court has ordered transportation by the Division; or

b. Grant the request if the officer determines the individual's behavior justifies emergency detention and the person is not an admitted mental health patient at the hospital (see KRS 202A.028 (3). Once a patient is admitted, KRS 202A.028 (3) requires the issuance of a court order obtained by the hospital for transportation to occur. If the request is granted, the officer shall follow the procedure outlined in Section IV. H. of this order.

K. Emergency Detention of Persons Refusing Medical Attention by Paramedics.

When an officer encounters a situation where an individual who obviously requires immediate medical attention for a potentially life threatening condition or other condition which, if untreated, could cause serious harm to that person or to others, refuses treatment by Division of Fire Paramedics; it shall be the policy of the Urban County Government that:

1. The paramedic shall inform the person that it is his/her recommendation that he/she be taken to a hospital for treatment.

2. The Division of Police will be notified in those instances where a person refuses treatment or the paramedic believes the person is incapable of making a rational decision regarding medical treatment.

3. Officers shall inform the suspect that if he/she refuses to go to the hospital for treatment, he/she will be arrested (taken into protective custody, under KRS 202A.041). Once the suspect has been taken into custody, he/she may be taken to a hospital where medical treatment will be made available if it does not unnecessarily delay transportation to ESH. Whenever appropriate, the officer shall remain with the prisoner during treatment. When an Emergency Care Unit is used to transport a prisoner, an officer shall ride in the Emergency Care Unit with the prisoner. Following completion of treatment, the procedures outlined in Section IV, G, shall be followed.

4. In the event that the subject taken into protective custody requires admission to the hospital, officers shall follow the procedure for hospitalized defendants outlined in Section V. of this order. If the arrestee is admitted to the hospital, the arresting officer shall obtain a written statement from the treating physician stating that the person is mentally ill and presents an immediate danger to himself or to others. Once treatment at the medical hospital has been completed, and upon notification of impending release from the hospital, the arrestee shall be transported to Eastern State Hospital under the procedure outlined in Section IV, G, of this order.

5. Transportation of Persons with Mental Illness or Drug Induced Symptoms

a. When arresting or transporting mentally ill persons, the transporting officer shall

apply restraining devices that will secure the prisoner without injury. When it is apparent that the use of handcuffs may cause injury, patient restraints should be used as soon as practical, but should not preclude the use of handcuffs when necessary. The use of patient restraints should be noted on the arrest citation.

b. When a prisoner is uncooperative and attempting to escape, injure himself or the officer, or damage the transport vehicle, the officer may use additional restraint methods in a reasonable manner.

c. Supervisors shall insure that prisoners who exhibit signs of drug or alcohol intoxication and require maximum restraints to be controlled (hand and legs), or mental patients who are acutely psychotic and must be maximally restrained, are to be transported by two officers. The assisting officer shall constantly monitor the condition of the prisoner.

d. An Emergency Care Unit shall transport prisoners exhibiting the symptoms of cocaine psychosis or similar drug-induced syndromes, or who are not exhibiting a functional level of consciousness. Such individuals shall be transported to a medical facility for evaluation prior to being taken to the detention center.

e. Supervisors shall insure that an Emergency Care Unit is called to treat and transport prisoners exhibiting the symptoms of cocaine psychosis or similar drug-induced symptoms, or who are not exhibiting a functional level of consciousness. Supervisors shall insure such individuals are transported to a medical facility for evaluation prior to being taken to the detention center.

f. When an Emergency Care Unit is used to transport a prisoner, an officer shall ride in the Emergency Care Unit with the prisoner.

g. Should a mentally ill subject also be sick, injured or disabled, special considerations concerning transportation may be necessary. Refer to General Order series 92-16, Prisoner Security and Transportation.

V. PROCEDURE FOR DEALING WITH SUSPECTS/PRISONERS REQUIRING MEDICAL TREATMENT

A. When an officer makes contact with a criminal suspect who will require hospital treatment or confinement for either a physical or mental condition (other than Emergency Detention), and this is known prior to his/her arrest on a criminal charge, the officer may:

1. Affect the arrest immediately;

2. Delay arrest by obtaining a criminal complaint for a warrant;

3. Issue a Misdemeanor Citation;

4. Issue a Felony Citation after taking into consideration the nature of the crime, likelihood of appearance in court, and the potential threat to persons in the community.

B. Outpatient Treatment

Arrestees requiring out-patient treatment, which can be administered within a reasonable period of time, shall be transported, by means appropriate to the condition, to any hospital emergency room for treatment prior to lodging in the Division of Community Corrections. Officers shall request a doctor's note of treatment in order to facilitate Detention Center booking.

C. Medical Treatment Requiring Hospital Admission

1. If an arrestee requires admission to the hospital for medical treatment, the arresting officer shall contact his/her Duty Commander. The Duty Commander shall go to the hospital and evaluate the situation to determine whether the prisoner requires an officer to remain for the duration of medical treatment. When an Emergency Care Unit is used to transport a prisoner, an officer shall ride in the Emergency Care Unit with the prisoner.

2. If the Duty Commander determines that the arrestee will not require a guard at the hospital, the arresting officer shall complete the Hospitalized Defendant Form (Form 262) while at the hospital. Five copies of the form shall be made and distributed as follows:

a. The original shall be placed in the patient's hospital file.

b. A copy shall be maintained by the unit or shift to which the arresting officer is assigned.

c. Copies shall be forwarded to remaining patrol shifts.

d. A copy shall be attached to the uniform citation. Both the copy and the uniform citation shall be left in the Hospitalized Defendant file located in Central Records.

e. A copy shall be left with the Communications Unit.

All paper work relating to the arrest will be turned in to the Central Records Unit. The citation may be removed from the Hospitalized Defendant file in Central Records by the officer dispatched to pick-up the prisoner upon release from the hospital. Only the citation and medical release papers shall be turned in to the Detention Center Staff. The Central Records Unit shall retain its copy of the Hospitalized Defendant Form.

3. The Duty Commander, or his/her designee, shall consider the following factors in making an evaluation to place a guard on a hospitalized prisoner:

a. The seriousness of the offense with which the prisoner is charged, along with the existence of any outstanding warrants and the prisoner's criminal history, history of fighting, history of violent behavior.

b. The seriousness/nature of the injury to the prisoner and whether he/she has easy mobility.

c. Resisting arrest and/or violence associated with this arrest or any previous arrest. This includes disruptive behavior and/or violence toward medical staff.

d. The availability of sworn personnel needed to provide an armed guard to stay with the prisoner.

4. If the prisoner will be guarded, the Duty Commander or his/her designee:

a. Shall attempt to contact the prisoner's physician and/or on-duty physician in charge in an effort to negotiate a "No Visitor Policy," for the prisoner;

b. Shall confer with the hospital administration to establish details relating to where the guard will be stationed and to explain the responsibilities of the officer;

c. Shall instruct officers not to interfere with routine hospital practices such as therapy, walking the patient, etc.;

d. Shall confer with the on-coming Duty Commander and completely apprise him/her of the situation. The oncoming Duty Commander shall, in turn, provide security as prescribed by the Duty Commander from the previous shift.

e. Shall brief the Communications supervisor of the situation either by telephone or in person.

f. Shall prepare a written memorandum detailing the specific considerations involved which necessitated a hospital guard detail. The memorandum shall include detailed information relating to the prisoner (including charges placed), specific understandings reached with the hospital, and specific instructions for the guards.

5. In the event an on-coming Duty Commander decides that placing a guard with a prisoner is no longer necessary, then he/she shall direct the request to the Bureau of Patrol Commander, or his/her designee. The hospital shall also be notified that a guard will no longer be present.

6. If the decision is made not to guard the prisoner, then the Duty Commander, or his/her designee, shall:

a. Instruct the arresting officer to return to regular duties after completing and turning in all paperwork to the Central Records Unit.

b. Ascertain, if possible, how long the prisoner will be hospitalized.

c. Request that the hospital notify the Division of the impending release or discharge of the prisoner.

Note: It is not the hospital's responsibility to guard a prisoner or to notify the Division of his/her impending discharge.

d. Confer with the on-coming Duty Commander and apprise him/her of the situation:

1. Unguarded prisoner.

2. Reason the prisoner is unguarded.

3. The hospital, room number, etc.

4. The expected time of release or discharge (if known).

e. Inform, by telephone or in person, the Communications Supervisor of all pertinent information relating to the prisoner.

f. Prepare a memorandum to the Bureau Commander, with copies to all Patrol Shift Commanders, detailing specific information about the prisoner, explaining why the decision not to provide a guard was made, and any other pertinent information.

7. If an unguarded prisoner leaves the hospital without the Division's knowledge, it is the original arresting officer's responsibility to obtain a criminal complaint for the individual.

NOTE: APPENDIX A BEGINS ON NEXT PAGE

General Order 05-01A Dealing With Mental Illness or Medical Conditions
Appendix A

List of Available Community Resources

Note that this list is not all-inclusive. Insurance carriers should also be able to provide a list of covered providers. Sliding Fee Scale means lower fees for uninsured, underinsured, unemployed individuals.

1. **The Ridge**: 3050 Rio Dosa Dr., 269-2325. www.ridgebhs.com
Inpatient/outpatient care, juveniles and adults. Medicaid accepted for children, but not for adults. A privately owned acute care facility with 24 hour emergency services that provides assessments and inpatient/outpatient services for general psychiatric and substance abuse. Note: The 24-hour emergency services are provided for juveniles only.

2. **Bluegrass Comprehensive Care**: 201 Mechanic St., 233-0444
Outpatient counseling, sliding fee scale, juveniles and adults. Crisis intervention and suicide prevention.

3. **Samaritan Behavioral Health**: 310 South Limestone St., 226-7063
Inpatient psychiatric services, juveniles and adults. Provides services for individuals experiencing behavioral/emotional problems as well as drug/alcohol related issues.

4. **Center For Women, Children and Families**: 530 North Limestone St., 259-1974
Outpatient counseling, sliding fee scale, juveniles and adults.

5. **Family Counseling Service**: 535 W. Second St., 233-0033
Outpatient counseling, sliding fee scale, juveniles and adults. Therapy for coping with mental illness as well as depression, anxiety abuse issues, parenting/child and adolescent behavior, etc. Medicare also accepted.

6. **Catholic Social Services**: 1310 West Main St., 253-1993
Outpatient counseling, sliding fee scale, juveniles and adults. Issues addressed include family dysfunction, depression, anxiety, phobias, panic disorders, emotional crisis, etc.

7. **UK Psychiatry Services**: 3470 Blazer Parkway, 323-6021
Outpatient counseling, juveniles and adults, oriented towards individuals.

8. **UK Family Center/Family Studies**: 800 Rose St., 257-7755
Outpatient counseling, juveniles and adults, oriented towards families.

9. **UK Jesse Harris Psychological Services:** 644 Maxwelton Ct., 257-6853
Outpatient counseling, sliding fee scale, no insurance accepted, juveniles and adults.

10. **UK Counseling Psychology Center**: Scott St., Room 251 Dickey Hall, 257-4159
Outpatient counseling, sliding fee scale, juveniles and adults.

11. **National Alliance for the Mentally Ill (NAMI).** Office: 272-7891 or 266-3448
Provides support groups, educational materials, resource center, advocacy activities.

General Order 05-01A Dealing With Mental Illness or Medical Conditions
Amendment
Date of Issue: 09/19/05

Amendment to Section IV, H (Page 4):

H. Detention of Mentally Ill Juveniles

1. Officer encountering juveniles exhibiting extreme mental illness and/or suicidal behavior should direct the juvenile's parents/guardian to seek medical and/or psychological care, as only a doctor can certify the need for in-patient care. Officers may advise parents/guardians to seek in-patient treatment options available at either juvenile treatment facility: Ridge Hospital or Samaritan Hospital. If no treatment beds are available, these same hospitals can recommend or refer patients to facilities elsewhere in the state. Parents/guardians unable to transport a juvenile must use either an ambulance or private transportation.

2. Protective Custody and Emergency Protection Orders

a. Officers should take a juvenile into protective custody for the juvenile's own safety as a last resort, since protective custody is not a detainable offense and there are no juvenile in-patient treatment facilities operated by the government. Detention facilities will not accept a juvenile for suicidal or mental health issues unless other detainable serious criminal charges are also pending and a judge has authorized detaining.

b. If a parent or legal guardian cannot be located or refuses to take custody of a juvenile that is a danger to himself/herself, then the juvenile is deemed dependent. Likewise, if a parent/guardian refuses to seek care for the juvenile when it is warranted, then the child is neglected. The officer shall contact the Cabinet for Health and Family Services (hereafter the Cabinet) through the Information Channel and notify them the juvenile is dependent and request that the Cabinet have a social worker respond to obtain an Emergency Custody Order (ECO) for juvenile. The Cabinet social worker may choose to respond to the scene to assess the situation or go directly to District Court to petition for an ECO. The process for obtaining an ECO may take one or two hours in most circumstances and officers should be prepared to maintain control of the juvenile during this process. The ECO will place custody of the juvenile with the Cabinet.

3. In addition to contacting the Cabinet, the officer shall contact the Court Designated Worker (CDW) and advise them of the behavior which necessitates protective custody of the juvenile. The CDW will notify the juvenile prosecutor of the County Attorney's Office.

4. Juveniles in protective custody that require treatment for serious injuries shall be transported by the Division of Fire and Emergency Services. Division transportation for juveniles in protective custody who have minor medical conditions shall be transported to UK Medical Center. While UK will treat injuries and conduct a mental health assessment, it will not admit juveniles for mental health services.

5. In accordance with KRS 645.120 (3) (b), Once a juvenile has been taken to a medical facility for mental assessment, the Division does not provide transportation between hospital

facilities for the family, hospital or Cabinet unless a court order has been issued. Extenuating circumstances for requests to transport between facilities must be approved by a supervisor.

General Order 05-01A Dealing With Mental Illness or Medical Conditions
COP: 07/0550
Date of Issue: 06/18/07

Please advise all personnel under your command that the following sections of General Order 05-1, Dealing with Mental Illness or Medical Conditions are hereby rescinded effective immediately.

Section IV, H, C, 3, a. through d.

While the General order is under the process of revision, the following procedure shall be adhered to effective immediately.

(New) Section IV, H, C, 3: All arrested persons admitted to a hospital for medical treatment shall remain under guard. The Duty Commander shall have the discretion to make an exception to this policy only when the arrested subject has no means of escape due to the seriousness of injury or medical condition leading to a lack of mobility.