

TUSTIN POLICE DEPARTMENT



August 4, 2015

Honorable Glenda Sanders
Presiding Judge
Superior Court of California, Orange County
700 Civic Center Drive West
Santa Ana, CA 92701

Honorable Glenda Sanders:

On June 26, 2015, we received the 2014-2015 Orange County Grand Jury Report, "The Mental Health Revolving Door: A Problem for Police, Hospitals, and the Health Care Agency." In accordance with Penal Code sections 933 and 933.05, this letter will serve as our response.

Before responding to the specific findings and recommendations in the report, I feel compelled to mention that the Tustin Police Department is a nationally accredited agency through the Commission on Accreditation for Law Enforcement Agencies (CALEA). As such, we maintain strict adherence to over 450 standards which are considered best practices in law enforcement nationwide. Enclosed are our two existing General Orders and Standard Operating Procedures related to mental health.

Regarding Finding 1 (F1), we agree that a minimum of 40 hours of training in Critical Intervention Training would be beneficial to the department and the community we serve.

Regarding Finding 2 (F2), we agree that mandatory training specific to Laura's Law would be beneficial for a more comprehensive understanding of resources and legislation related to mental illness.

Of the 14 recommendations, we were assigned to respond to the first two recommendations:

R1. All law enforcement officers should receive at least 40 hours of comprehensive Crisis Intervention Training on how to handle and evaluate the mentally ill in the field with periodic refresher training.

R2. All law enforcement officers should receive mandatory and specific training regarding Laura's Law.

We agree with both recommendations and although they have not been fully implemented, it is our intention to comply with the recommendations with the following timeline:

CHIEF OF POLICE
(714) 573-3300

ADMINISTRATION
(714) 573-3306

PROFESSIONAL
STANDARDS
DIVISION
(714) 573-3303

TRAFFIC
UNIT
(714) 573-3219

COMMUNICATIONS
UNIT
(714) 573-3225

RECORDS
UNIT
(714) 573-3200

INVESTIGATIONS
UNIT
(714) 573-3240

PROPERTY &
EVIDENCE
UNIT
(714) 573-3232



R1:

- Audit current numbers of hours TPD officers have received related to Crisis Intervention Training. (In process)
- As a result of the above audit, identify TPD officers with less than 40 hours of training and develop a training plan to consist of in-house and external training classes to achieve the minimum requirements. (September 2017)
- In regards to periodic refresher training:
 - Continue with 4 hours of mental health annual training as currently offered. (Already part of annual training)
 - Develop a 10 hour in-house training class to include training videos produced by the Orange Police Department and referenced in the Grand Jury Report. (By year end)
 - The above mentioned training videos will also be placed on internal servers for individual review and review during briefing training. (By year end)

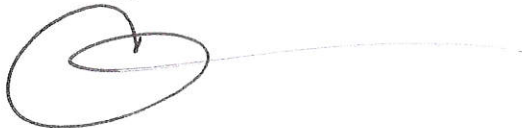
R2:

- Incorporate specific Laura's Law training into our in-house 10 hour training course and annual refresher training. (By year end and on-going)

In compliance with the requirements of the Grand Jury Report, we will provide annual updates by the end of March of each subsequent year, highlighting our progress until full implementation of the recommendations is achieved.

The Grand Jury report on Mental Illness was very enlightening and highlighted the need for more training in law enforcement related to mental health. Rest assured, my staff and I will work diligently to implement the Grand Jury recommendations in order to better serve the community.

Sincerely,



CHARLES F. CELANO, JR.
Chief of Police

CC/PG/sha

Enclosures:

1. TPD General Order 418 – Mental Health Commitments
2. TPD Standard Operating Procedure CP114 – Recognizing Mental Illness

Cc: Mr. Paul S. Borzcik, Foreman, Orange County Grand Jury, 700 Civic Center Drive West, Santa Ana, CA 92701

CATEGORY	DATE ADOPTED	LAST REVIEW	NEXT REVIEW
1	10/04/2010	07/12/2010	01/12/2011

TUSTIN POLICE DEPARTMENT STANDARD OPERATING PROCEDURES

CP114 RECOGNIZING MENTAL ILLNESS

CP114.1 PURPOSE AND SCOPE

The purpose of this procedure is to provide guidelines for:

- Assisting officers in recognizing individuals suffering from mental illness;
- Assisting with the initial contact as well as interviews and interrogations; and
- Accessing available community resources

CP114.1.2 ACCREDITATION STANDARDS

This procedure pertains to the following CALEA Standards: 41.2.7

This procedure relates to the following General Orders: 418

CP114.2 RECOGNIZED DIAGNOSES

Below is an overview of some of the recognized diagnoses and indicators of individuals department personnel may come into contact with. It is important to recognize the signs and symptoms of each to assist the employee in determining whether or not the individual with whom they are speaking with is in crisis (WIC5150).

Bipolar – A severe medical/mental disorder characterized by cyclic swings in emotion or mood. In the manic phase there is hyper-excitability, extreme elation, excessive motor activity and a flight of ideas. In the depressive phase, the person displays depression, under activity, unresponsiveness, anxiety, sadness and sometimes suicidal impulses. In its classic form, the disorder is an alteration between the two phases, also referred to as manic depressive.

Delirium – A state of mental confusion accompanied by delusions, illusions and hallucinations. Delirium may be induced by fever, drugs or shock.

Delusions – A fixed false belief that cannot be modified by reasoning or a demonstration of the facts.

Depression – A depressed mood which causes a person to lose interest and pleasure in nearly all activities; characterized by feelings of hopelessness and helplessness.

Manic-Depressive – See bipolar above.

Mental illness – A group of disorders causing severe disturbances in a person's thinking, feelings and ability to relate to others. The person affected usually has a substantially impaired capacity for coping with the ordinary demands of life.

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TUSTIN POLICE DEPARTMENT STANDARD OPERATING PROCEDURES

Psychosis – A major mental disorder in which a person’s thought pattern is seriously disorganized and reality usually impaired. There are two types of psychoses:

1. Functional – Typically of the schizophrenic, paranoid or manic depressive type.
2. Organic – Caused by brain damage or disease.

Schizophrenia – (Thought Disorder) - Not a single factor, but rather a group of related disorders in which a person’s ability to function is marked by severe distortion of thought, perception, feelings and bizarre behavior.

Each definition above is provided by the State of California’s “Police Response to People with Mental Illness or Developmental Disability” guide.

WIC§5150 - Pursuant to Welfare and Institution Code § 5150 when any person, as a result of mental disorder, is a danger to others, or to himself/herself, or gravely disabled, a peace officer, or other individual authorized by statute may, upon probable cause, take, or cause to be taken, the person into custody and place him/her in a facility designated by the county and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation.

(Refer to General Order § 418 – Mental Illness Commitments for additional information.)

CP114.2.2 HOW TO HELP A SUICIDAL PERSON

A person who is suicidal needs someone who will listen with acceptance. Here is a list of do’s and don’ts when talking with a person who is suicidal:

DO’S	DON’TS
Do Listen	Don’t say, “Don’t talk like that!”
Do accept the person’s feelings.	Don’t say, “You shouldn’t feel that way”.
Do take the person seriously.	Don’t minimize what is being said.
Do accept the emotional state the person is in.	Don’t try to cheer him/her up.
Do ask for the reason not wanting to live.	Don’t try to argue against those reasons.
Do ask why he/she has chosen to stay alive thus far.	Don’t use these reasons to argue the position of “staying alive”
Do show you care by listening and accepting.	Don’t be shocked by preaching.
Do show understanding.	Don’t scold
Do suggest that you help the person find someone that can help.	Don’t promise to keep what is being said a secret.
Do accept the person’s life perspective.	Don’t tell him/her that things will get better.

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CP114.2.3 **BASIC RULES OF INTERVENTION, INTERVIEW AND INTERROGATION.**

Below is a list of techniques to utilize when speaking with an individual suspected of suffering from mental illness.

- a) Be aware of your setting and environment (personal safety).
- b) Use proper positioning and tone:
 - 1. Maintain at least a legs distance
 - 2. Maintain a non-threatening but safe stance
 - 3. Maintain a calm and low tone voice
- c) Use strategy:
 - 1. Reach for small concrete goals
 - 2. Meet reasonable demands when possible
 - 3. Assume the person has real concerns
 - 4. Refocus his/her attention (focus on you, not others)
 - 5. Reduce anxiety (control physical symptoms and movements)
 - 6. Attempt to reduce excessive stimuli, move to a safer place as soon as possible
- d) Rely on verbal intervention initially:
 - 1. Use the person's name; introduce yourself
 - 2. Be polite in your requests and statements
 - 3. Use I statements (i.e. I understand)
 - 4. Listen to what he/ she is saying or requesting
 - 5. Validate feelings and concerns
 - 6. Clarify the problem (reframe, reduce to the basics)
 - 7. Restore their problem solving capacity
 - 8. Provide information and support
- e) Try not to:
 - 1. Take what is said personally
 - 2. Make promises you can't keep
 - 3. Demand obedience, call his/her bluff or get into a power struggle
 - 4. Act afraid, angry or laugh inappropriately

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TUSTIN POLICE DEPARTMENT GENERAL ORDERS

POLICY 418 MENTAL ILLNESS COMMITMENTS

418.1 PURPOSE AND SCOPE

The purpose of this policy is to educate and assist personnel in dealing with individuals who may suffer from a mental illness or disorder; and describes an officer's duties when a person is to be committed to a mental health unit pursuant to Welfare and Institutions Code §5150. The commitment of a person under WIC §5150 does not constitute an arrest. If an officer believes that a person falls within the provisions of WIC §5150, he/she shall transport that person to the designated facility for evaluation and commitment.

418.1.1 ACCREDITATION STANDARDS

This section pertains to the following CALEA Standards: 41.2.7

418.2 AUTHORITY

Pursuant to Welfare and Institution Code §5150 when any person, as a result of mental disorder, is a danger to others, or to himself/herself, or gravely disabled, a peace officer, or other individual authorized by statute may, upon probable cause, take, or cause to be taken, the person into custody and place him/her in a facility designated by the county and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation.

Such facility shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the officer, or other individual authorized by statute, has probable cause to believe that the person is, as a result of mental disorder, a danger to others, or to himself/herself, or gravely disabled. If the probable cause is based on the statement of a person other than the officer, or other individual authorized by statute, such person shall be informed that they may be liable in a civil action for intentionally giving a statement which he/she knows to be false.

418.3 RECOGNIZED DIAGNOSES

Below is an overview of some of the recognized diagnoses and indicators of individuals department personnel may come into contact with. It is important to recognize the signs and symptoms of each to assist you in determining whether or not the individual with whom you are speaking with is in crisis and/or may fall under the guidelines of WIC §5150.

Bipolar – A severe medical/mental disorder characterized by cyclic swings in emotion or mood. In the manic phase there is hyper-excitability, extreme elation, excessive motor activity and a flight of ideas. In the depressive phase, the person displays depression, under activity, unresponsiveness, anxiety, sadness and sometimes suicidal impulses. In its classic form, the disorder is an alteration between the two phases, also referred to as manic depressive.

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Delusions – A fixed false belief that cannot be modified by reasoning or a demonstration of the facts.

Depression – A depressed mood which causes a person to lose interest and pleasure in nearly all activities; characterized by feelings of hopelessness and helplessness.

Manic-Depressive – See bipolar above.

Mental illness – A group of disorders causing severe disturbances in a person’s thinking, feelings, and ability to relate to others. The person affected usually has a substantially impaired capacity for coping with the ordinary demands of life.

Psychosis – A major mental disorder in which a person’s thought pattern is seriously disorganized and reality usually impaired. There are two types of psychoses:

1. Functional – Typically of the schizophrenic, paranoid or manic depressive type.
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Each definition above is provided by the State of California’s “Police Response to People with Mental Illness or Developmental Disability” guide.

WIC§5150 - Pursuant to Welfare and Institution Code § 5150 when any person, as a result of mental disorder, is a danger to others, or to himself/herself, or gravely disabled, a peace officer, or other individual authorized by statute may, upon probable cause, take, or cause to be taken, the person into custody and place him/her in a facility designated by the county and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation.

418.4 OFFICER CONSIDERATIONS AND RESPONSIBILITIES

Any officer responding to or handling a call involving a suspected mentally disabled individual or an involuntary mental illness commitment should consider utilizing the following as time and circumstances reasonably permit:

- a) Any available information that might assist in determining the cause and nature of the mental illness or developmental disability;
- b) Conflict resolution and de-escalation techniques;
- c) Language that is appropriate for interacting with mentally disabled person;
- d) If circumstances permit, alternatives to deadly force;
- e) Any available community resources that can assist in dealing with a mentally disabled individual.

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418.5 HOW TO HELP A SUICIDAL PERSON

A person who is suicidal needs someone who will listen with acceptance. Here is a list of do's and don'ts when talking with a person who is suicidal:

DO'S	DON'TS
Do Listen	Don't say, "Don't talk like that!"
Do accept the person's feelings.	Don't say, "You shouldn't feel that way".
Do take the person seriously.	Don't minimize what is being said.
Do accept the emotional state the person is in.	Don't try to cheer him/her up.
Do ask for the reason not wanting to live.	Don't try to argue against those reasons.
Do ask why he/she has chosen to stay alive thus far.	Don't use these reasons to argue the position of "staying alive"
Do show you care by listening and accepting.	Don't be shocked by preaching.
Do show understanding.	Don't scold
Do suggest that you help the person find someone that can help.	Don't promise to keep what is being said a secret.
Do accept the person's life perspective.	Don't tell him/her that things will get better.

418.6 BASIC RULES OF INTERVENTION, INTERVIEW AND INTERROGATION

Below is a list of techniques to utilize when speaking with an individual you suspect to suffer from mental illness.

- a) Be aware of your setting and environment (personal safety).
- b) Use proper positioning and tone:
 1. Maintain at least a legs distance
 2. Maintain a non-threatening but safe stance
 3. Maintain a calm and low tone voice
- c) Use strategy:
 1. Reach for small concrete goals
 2. Meet reasonable demand when possible
 3. Assume that the person has real concerns
 4. Refocus his/her attention (focus on you, not others)
 5. Reduce anxiety (control physical symptoms and movements)
 6. Attempt to reduce excessive stimuli, move to a safer place as soon as possible
- d) Rely on verbal intervention initially:
 1. Use the person's name; introduce yourself
 2. Be polite in your requests and statements
 3. Use I statements (i.e. I understand)
 4. Listen to what he/ she is saying or requesting
 5. Validate feelings and concerns
 6. Clarify the problem (reframe, reduce to the basics)
 7. Restore their problem solving capacity

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8. Provide information and support
 - e) Try not to:
 1. Take what is said personally
 2. Make promises you can't keep
 3. Demand obedience, call his/her bluff or get into a power struggle
 4. Act afraid, angry or laugh inappropriately

418.7 RESOURCES / REFERENCES

County wide protocol dictates 5150 patients who are injured, appear to be under the influence of drugs, present with altered mental status, or have symptoms of an illness for which EMS personnel have been called **should be transported to the closest Paramedic Receive Center (PRC) hospital**. Translated, Orange County Fire Authority medics are required to transport 5150 patients to Western Medical Center Santa Ana. Western Medical Center Santa Ana has no choice but to accept 5150 patients in these matters.

5150 patients that do not require medical clearances, have no other complications, and EMS is not involved can be taken directly to ETS, St Joseph's or other facilities that are close to us. Western Medical Center Anaheim is an option when none closer are available. Western Medical Center Santa Ana is **not** an option in these cases.

Hotline	(888)428-7828 (24 hour service)
Western Medical Center Santa Ana	(714) 953-3331
Western Medical Center Anaheim	(714) 563-2808
St Joseph Hospital	(714) 633-9111
O C Mental Health (C.A.T team response to your location)	(866)830-6011(24 hour response)
ETS O C Health Care Agency	(714) 834-6913 / 6900
College Hospital / Costa Mesa Adult-Adolescent	(800)773-8001

418.8 TRANSPORT AND DOCUMENTATION

418.8.1 TRANSPORTATION

When transporting any individual for a "5150" commitment, the handling officer should have Communications notify the receiving facility of the estimated time of arrival, the level of cooperation of the patient, and whether or not any special medical care is needed.

Officers may transport patients in the patrol unit and shall secure them in accordance with the handcuffing policy. Violent patients, or those that are medically unstable, may be restrained and transported by ambulance and ambulance personnel. The officer will escort the patient into the facility and place that person in a designated treatment room as directed by a staff member. As soon as a security staff member becomes available, he/she should relieve the officer and physically remain in the treatment room with the patient.

418.8.2 RESTRAINTS

If the patient is violent or potentially violent, the officer will notify the staff of this concern. The staff member in charge will have discretion as to whether soft restraints will be used. If these

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restraints are desired, the officer will wait while they are being applied to help provide physical control of the patient, if needed.

418.8.3 SECURING OF WEAPONS

Firearms are not permitted in many evaluation and treatment holding facilities. In such cases, firearms shall be secured in the trunk of the police unit.

418.8.4 SECURING OF PROPERTY

When a person is taken into custody for evaluation, or within a reasonable time thereafter, and unless a responsible relative, guardian or conservator is in possession of the person's personal property, the officer shall take reasonable precautions to safeguard the individual's personal property in his/her possession or on the premises occupied by the person (Welfare and Institutions Code § 5150).

418.9 MENTAL HEALTH DOCUMENTATION

The officer will complete an Application for 72-Hour Detention for Evaluation and Treatment form (MH302) and provide it to the staff member assigned to that patient. The officer will retain a copy of the 72-hour evaluation for inclusion in the case report. The officer shall also provide a verbal summary to an emergency Department staff member regarding the circumstances leading to the involuntary detention.

An information report will be completed documenting the Application for a 72 hour Detention per W&I 5150 and the detainee will be listed as a subject on the face page of the Crime / Incident Report form.

If it is determined a subject is not seen as an immediate threat to himself/herself and voluntarily wants to go to the hospital, it is up to the discretion of the officer or supervisor at the scene to determine if an information report will be taken to document this incident.

418.9.1 ADVISEMENT

The officer shall read the detainment advisement on the application to the person being taken into custody or complete the statement of good cause for incomplete advisement, as appropriate (Welfare and Institutions Code § 5150). The advisement shall consist of:

- a) The officer's name and agency;
- b) The fact that the person is not under criminal arrest but is being taken for examination by mental health professionals;
- c) The name of the facility to which the person is being taken;
- d) If the person is being taken into custody at his/her residence, he/she should also be advised that he/she may take a few personal items, which the officer must approve, and may make a telephone call or leave a note indicating where he/she is being taken;

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The advisement shall be given in a language the person understands. If the person cannot understand an oral advisement, the information shall be provided in writing.

418.10 MENTALLY ILL PERSON CHARGED WITH A CRIME

When practical, any person charged with a crime who also appears to be mentally ill should be booked at the Tustin Police Department before being transported to the authorized facility. If the person has injuries or some other medical condition, he/she may be taken directly to the hospital with the approval of a supervisor.

418.11 CONFISCATION OF FIREARMS AND OTHER WEAPONS

Whenever a person has been detained or apprehended for examination pursuant to Welfare and Institutions Code(W&I)§ 5150 and is found to own, have in his/her possession or under his/her control, any firearm whatsoever or any other deadly weapon, the firearm or other deadly weapon shall be confiscated by the handling officer. The firearm or other deadly weapon shall be confiscated and booked into safekeeping until further processing. (Welfare and Institutions Code § 8102(a)).

Officers are cautioned that a search warrant may be needed before entering a residence to search unless lawful, warrantless entry has already been made (e.g. exigent circumstances, valid consent) (Penal Code § 1524).

For purposes of this section, deadly weapon means any weapon, the possession of which or carrying while concealed, is prohibited by Penal Code § 16590.

The officer taking of any firearm or other deadly weapon shall issue the individual possessing such weapon a receipt (including any serial number) and indicating the location where the weapon may be recovered, along with any applicable time limit for recovery (Penal Code § 33800).

The handling officer shall further advise the person of the below described procedure for the return of any firearm or other deadly weapon which has been confiscated (Welfare and Institutions Code § 8102(a)).

418.11.1 RETURN OF CONFISCATED FIREARMS AND WEAPONS

- a) Whenever the handling officer has cause to believe that the future return of any confiscated weapon(s) might endanger the person or others, the officer shall detail those facts and circumstances in the report. The report shall be forwarded to the Special Operations Division which shall be responsible for initiating a petition to the superior court for a hearing in accordance with Welfare and Institutions Code § 8102 (b), to determine whether or not the weapon(s) will be returned;
- b) The petition to the Superior Court shall be initiated within 30 days of the release of the individual from whom such weapon(s) have been confiscated unless the Department makes an ex parte application to the court to extend the time to file such a petition, up to a maximum of 60 days. (Notification of the person's release will be made by the holding detention facility to law enforcement, pursuant to Welfare and Institutions Code § 8102

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- (b)). At the time any such petition is initiated, the Department shall send written notice to the individual informing him or her of the right to a hearing on the issue and that he or she has 30 days to confirm with the court clerk any desire for a hearing and that the failure to do so will result in the forfeiture of any confiscated weapon(s);
- c) If no petition is initiated within the above period, the Department shall make the weapon(s) available for return in accordance with subsection (d) below. If the person does not confirm a desire for a hearing within the prescribed 30 days, the Department may file a petition for an order of default;
- d) Under no circumstances shall any firearm be returned to any individual unless and until such person presents valid identification and written notification from the California Department of Justice which conforms to the provisions of Penal Code § 22865(c);
- e) In no case in which a firearm or other deadly weapon is not retained as evidence, shall the Department be required to retain such firearms or other deadly weapon longer than 180 days after notice has been provided to the owner that such firearm or other deadly weapon is available for return. At the expiration of such period, the firearm or other deadly weapon may be processed for disposal in accordance with applicable law (Penal Code § 33875).

418.12 TRAINING

This agency will include POST-approved training on interaction with mentally disabled persons as provided by Penal Code § 13515.25. Initial training will be provided to sworn officers in the police academy. Civilian personnel will receive training on interaction with mentally disabled persons as part of their training process. The Professional Standards Division shall be responsible to ensure that all personnel receive POST approved continuing education refresher training at least once every three years, and that the training is documented.