



Rochester Police Department General Order



EFFECTIVE DATE: April 20, 2015	SUBJECT: AMERICANS WITH DISABILITIES ACT (ADA)	ORDER# 517
RESCINDS: G.O. 517 (08/22/13)	REFERENCE STANDARD (S): NYS:	PAGE 1 of 10
ATTACHMENT (S):		
Chief's Signature: <i>Michael L. Ciminelli</i>		

I. DEFINITIONS

- A. Disability - A physical or mental impairment that substantially limits one or more of the major life activities of an individual; a record of such an impairment; or being regarded as having such impairment.
- B. Guide Dog, Hearing Dog, Service Dog - A dog which is properly harnessed and has been or is being trained by a qualified person, to aid and guide a person with a disability. (New York State Civil Rights Law § 47-b (4) definition).
- C. Public Facilities - Public Facilities include, but shall not be limited to, all modes of public and private transportation, all forms of public and private housing accommodations whether permanent or temporary, buildings to which the public is invited or permitted, all educational facilities and institutions, all places where food is offered for sale, all theatres, including live playhouses and motion picture establishments and all other places of public accommodations, convenience, resort, entertainment, or business to which the general public or any classification of persons therefrom is normally or customarily invited or permitted.
- D. Service Animals - Dogs that are individually trained to do work or perform tasks for people with disabilities. (Americans with Disabilities Act definition)

NOTE: The miniature horse is not included in the definition of service animal, however, the Department of Justice has added a specific provision under Title 28 § 35.136(i) of the Code of Federal Regulations. Under this provision, a public entity must make reasonable modifications in policies, practices, or procedures to permit the use of a miniature horse by an individual with a

disability if the miniature horse has been individually trained to do work or perform tasks for the benefit of an individual with a disability. The regulations set out four assessment factors to assist entities in determining whether miniature horses can be accommodated in their facility.

1. Whether the miniature horse is housebroken.
2. Whether the miniature horse is under the owner's control.
3. Whether the facility can accommodate the miniature horse's type, size, and weight.
4. Whether the miniature horse's presence will not compromise legitimate safety requirements necessary for safe operation of the facility.

II. POLICY

- A. It is the policy of the Rochester Police Department (RPD) to ensure that a consistently high level of police service is provided to all members of the community, including persons with disabilities. This level of service will involve first responder recognition of the nature and characteristics of various disabilities, and appropriate physical and emotional support to people with disabilities who seek to access police services or who come into contact with the police. Such services include, but are not limited to:
1. Recognition of symptoms, and appropriate medical and emotional support for people experiencing seizures;
 2. Sensitivity to persons with impairments;
 3. Rapid access to interpreters for people with hearing and/or speech disabilities who have a need to communicate with police personnel;
 4. 24-hour access to professional support systems for people with mental disabilities;
 5. Access to police information, programs, and publications for people who have impaired vision or hearing;

6. Recognition of the difference between characteristics common to certain disabilities (such as epilepsy, diabetes, and deafness) and those associated with antisocial or criminal behavior or reaction to alcohol and drug abuse; and
 7. Other services to ensure access for persons with visual, mental, emotional, and medical disabilities, including "invisible" disabilities, such as diabetes, epilepsy, multiple sclerosis, loss of hearing, and others.
- B. It is the policy of the RPD to ensure effective communications with deaf or hard of hearing persons who are in need of police services that are short of duration and simple in content. Such communications may be furnished through the use of Department personnel who are capable of effectively communicating in sign language or other methods available (e.g., TTY or written materials) where effective. In situations where the legality of the conversation may be part of the basis for an enforcement or court action, or may be questioned in court, appropriate steps, including but not limited to, securing the services of a certified interpreter, must be taken to ensure that the communication is accurate.
- C. It is the policy of the RPD to ensure that persons with disabilities and their service animals are afforded access to all public facilities as required by the Americans with Disabilities Act (ADA), New York State Civil Rights Law Article 4-B Section 47, and the Code of Federal Regulations Title 28 § 35.136(i).
- D. It is not the intent of this policy to provide detailed information on all disabilities. However, it is incumbent upon the employees of this Department to be aware of the various disabilities within the community and to familiarize themselves with the manner in which to respond to the needs of persons with disabilities.

III. PROCEDURES

A. Visual Disabilities

Proper identification of an RPD employee is imperative to a blind or visually impaired person. When an employee responds to a call for service from a visually impaired individual and that disability is known or recognized:

1. The Emergency Communications Department (ECD) may be instructed by the employee to call the complainant to advise them that the employee is on the scene and may identify the responding employee by name;
2. Employees need not raise their voices to communicate with the individual; and/or
3. Employees need not grab the individual's arm to lead him or her in a particular direction. The individual may need to take the employee's arm for guidance.

B. Intellectual Disability

1. **Employees should recognize that people who have an intellectual disability have varied degrees of limited intellectual functioning.** In all situations, employees should:
 - a) Ask short questions;
 - b) Be patient when waiting for a response;
 - c) Repeat questions and answers if necessary;
 - d) Have individuals repeat questions in their own words; and
 - e) Provide reassurance.
2. When dealing with someone who is lost or has run away, the employee may gain improved response by accompanying the person through a building or neighborhood to seek visual clues.
3. In responding to the needs of persons with a severe or profound intellectual disability, the employee should seek the aid of the individual's friends or family, or refer to other community agencies whose services are specifically directed at the needs of disabled individuals.

C. Mobility Impairments

1. Most visibly identifiable are those persons with mobility impairments. These disabilities include persons who have difficulty walking, use wheelchairs or other mobility aids, and those persons who are immobile.

2. In critical situations, employees should be aware of the most safe and expedient manner of assisting persons with mobility impairments without causing additional and unnecessary strain or injury.

D. Invisible Disabilities

1. Many disabilities, unless identified to the employee by the individual, are difficult to recognize. Consideration must be given to an individual who indicates to an employee he is experiencing distress related to an invisible disability. An individual prevented or detained from obtaining immediate treatment may experience a seizure or other reaction, at which time he may have reached a critical physical state.
2. Involuntary behavior associated with some invisible disabilities may resemble behavior characteristically exhibited by intoxicated, or less frequently, combative individuals. An inaccurate assessment may lead to unnecessary confrontation, injury, and denial of needed medication and/or medical treatment.
3. An employee's first obligation is to protect the individual from additional harm.

E. **Speech and Hearing Disabilities**

1. The City of Rochester has a very large population of individuals who are deaf or hard of hearing. Occasionally, an officer will interview or interrogate an individual who is deaf or hard of hearing.
 - a) Successful police contact with citizens is characterized by effective communication between the parties whether it is a suspect, victim, witness, or complainant with whom the officer is talking. As such, police officers encountering an individual who is deaf or hard of hearing should use appropriate auxiliary aids and services whenever necessary to ensure effective communication with the individual.
 - b) Police contact with citizens occurs most frequently during routine traffic stops. In situations involving drivers who are deaf and use sign language for communication, when possible, the officer should use

appropriate sign language to initiate the exchange with the driver and should explain in writing the necessity for a stop and citation if the driver is to be charged with a traffic violation. The officer may NOT ask a family member or friend of the driver to interpret.

NOTE: The driver may present a Deaf Driver Communication Visor Card which may be utilized to facilitate effective communication during a traffic stop.

- c) In situations where the legality of conversations between the police and an individual who is deaf or hard of hearing may be questioned in court proceedings,(e.g., when a Miranda warning is given) the police must take appropriate steps including, but not limited to, securing the services of a certified interpreter whenever necessary to ensure that the conversations are effective.
2. It is the policy of the RPD that it will furnish appropriate auxiliary aids and services whenever necessary to ensure effective communication with individuals who are deaf or hard of hearing.
 - a) Auxiliary aids and services include certified interpreters, written materials, note pads, and other effective methods of making aurally delivered materials available to individuals who are deaf or hard of hearing.
 - b) When an auxiliary aid or service is required to ensure effective communication, the RPD must provide an opportunity for individuals who are deaf or hard of hearing to request the auxiliary aids and services of their choice and must give primary consideration to the choice expressed by the individuals. "*Primary consideration*" means that the RPD must honor the choice, unless it can show that another equally effective means of communication is available, or that the use of the means chosen would result in a fundamental alteration in the nature of its service, program, or activity, or in undue financial and administrative burdens.

- c) The procedures below address only those situations where a police officer, after consulting with the individual who is deaf or hard of hearing determines that the services of a certified interpreter are necessary to ensure effective communication.

3. Arrest Upon Probable Cause Without An Interview

In circumstances where an individual who is hearing would have been arrested on probable cause without an interview, then a suspect who is deaf or hard of hearing in the same situation usually does not need to be provided with a certified interpreter.

However, a certified interpreter may be required if an officer is unable to convey to the arrestee the nature of the criminal charges by communicating on a note pad or by using another means of communication. The arrestee should be transported to a temporary detention room at the Public Safety Building where either the arresting officer or the transporting officer can convey the information through the interpreter when he or she arrives.

4. Interview Needed to Establish Probable Cause to Arrest

If a police officer needs to interview a suspect who is deaf or hard of hearing to determine if there is probable cause to make an arrest, a certified interpreter **must** be provided.

5. Interrogating An Arrestee

- a) An officer seeking to interrogate an arrestee who is deaf or hard of hearing must obtain the services of a certified interpreter prior to any interrogation.
- b) Members must secure the services of a certified interpreter in order to accurately provide Miranda warnings to a deaf or hard of hearing arrestee prior to any interrogation.

NOTE: Just as with a hearing suspect, a suspect who is deaf or hard of hearing may be questioned without being provided Miranda warnings in compelling circumstances when the need for answers to questions in a situation posing a threat to the public

outweighs the need for the *Miranda* Rule. Known as the “Public Safety Exception”, this rule allows the police, when confronted by a volatile situation, to take immediate action to protect the public without jeopardizing the admissibility of incriminating statements. In such situations, the member’s primary purpose must be to take necessary action to deal with a public danger—NOT to acquire incriminating evidence, and must be strictly limited to questions necessary to deal with that danger, e.g., locate a gun discarded by a suspect during a foot chase in a populated area. Once the member receives information needed to deal with the public safety issue, all further questioning must immediately cease until *Miranda* warnings are given by a certified interpreter, and a proper waiver has been received.

6. Issuance of Appearance Ticket

In circumstances in which an individual who is not deaf or hard of hearing would be issued an appearance ticket without being questioned by the investigating officer, then a suspect who is deaf or hard of hearing in the same situation need not be provided with a certified interpreter. If an officer has stopped a suspect for committing a non-criminal infraction and the officer is unable to convey to the violator the nature of the non-criminal infraction by communicating on a note pad or by using another means of communication, then the officer should use his or her discretion as to whether to call a certified interpreter to the scene or whether to issue a warning rather than a citation.

7. Interviewing a Victim or Critical Witness

If an officer is able to communicate effectively by writing questions on a note pad and having the victim or witness who is deaf or hard of hearing write his or her responses, then the officer may proceed with the interview using a note pad. However, if an investigating officer is unable to communicate effectively with a victim or critical witness by using a note pad or some other means of communication other than a certified interpreter, then the investigating officer must provide the victim or critical witness with a certified interpreter. If the investigating officer cannot wait

until a certified interpreter arrives because the officer has to respond to another priority call, the following procedures apply:

- a) If the investigation does not involve a serious offense, then: *[a]* the officer can have a certified interpreter dispatched to the victim's or critical witness' location and request the dispatcher recontact the officer when the interpreter arrives. If a certified interpreter is unable to respond or if the officer cannot return to the scene, the officer must document his or her investigation as completely as possible and file the appropriate report; or *[b]* the officer can ask the victim or critical witness to come voluntarily to the section office when a certified interpreter is available. At that time, the investigating officer can return to the section to complete the investigation. If a certified interpreter is unable to respond, the officer must document his or her investigation as completely as possible and file the appropriate report.
- b) If the investigation does involve a serious offense and if the victim or witness who is deaf or hard of hearing is critical to establishing probable cause for an arrest or for completing the investigation, then the investigating officer, before leaving the scene, must contact his or her supervisor and advise the supervisor of the case. The supervisor will determine if an investigator will be called in to wait for a certified interpreter. This investigating officer must then document his or her investigation as completely as possible and file the report.

8. Obtaining Certified Interpreters

Officers will arrange for a certified interpreter through their supervisor. The supervisor will contact the ECD supervisor who will notify a certified interpreter via the Department's contracted sign language vendor. When contacting ECD for an interpreter, the supervisor should provide the incident type, the name of the individual to whom the services will be provided, and the location of the interview and contact information for the investigating officer. The Department's liaison to the deaf and hard of hearing community can be

contacted for questions as to the need for a certified interpreter.

9. Reports/Evidence

All identifying information on the interpreter must be included in the report, including the interpreter's name, the time the interpreter was called, his/her time of arrival and departure. All written questions and responses between and among police officers and persons with hearing impairments must be treated as evidence and handled accordingly.

F. Service Animals

1. Members will recognize that persons with disabilities and their service animals must have unrestricted access to all public facilities as required by the Americans with Disabilities Act (ADA), New York State Civil Rights Law Article 4-B Section 47, and the Federal Code of Regulations Title 28 § 35.136(i).
2. Members may be called upon to mediate or enforce violations of these laws per current training and directives (Refer to Training Bulletin C-08-13).
3. Members who are authorized to issue an appearance ticket for a violation of § 47-b (2) of the New York State Civil Rights Law will include the following documents in the case package.
 - a) Appearance Ticket, RPD 1302, returnable to Rochester City Court.
 - b) Accusatory Instrument, RPD 1271, citing § 47-b (2) New York State Civil Rights Law.
 - c) Supporting Deposition, RPD 1270, of any witnesses or victim.
 - d) Incident Report.



Rochester Police Department Training Bulletin



EFFECTIVE DATE: September 21, 2005	SUBJECT: Communicating with persons exhibiting Dementia	Bulletin# C-07-05
RESCINDS: T.B. New	REFERENCE STANDARD(S): CALEA: NYS:	PAGE 1 of 1

The Alzheimer's Association, Rochester Office, provided the following information:

There are many things that can cause dementia and Alzheimer's disease is just one cause.

Alzheimer's is a progressive brain disorder that destroys a person's ability to remember, learn, reason, make judgments, communicate, and carry out daily activities. Changes in behavior and personality are also common. So are hallucinations, anxiety, suspiciousness, delusions and agitation.

While dementia is usually thought of as only affecting an elderly person, the truth is that people in their 40's and 50's can be effected too.

Situations in which police may encounter a person with dementia can include: Wandering, traffic accidents, erratic driving, false reports to 911 about victimization, indecent exposure, shoplifting, crimes against others or self, or victims of crimes and exploitation.

The person may be unable to answer questions or understand the seriousness of an incident, since it is the part of the brain where memory is stored that is affected by Alzheimer's disease.

- A person may seem uncooperative when approached.
- Identify yourself and tell the person why you are approaching them.
- Speak slowly in a non-threatening voice, using short, simple words and sentences.
- Ask only one question at a time, by one person at a time.
- Allow plenty of time for a response.
- Avoid being confrontational and correcting the person
- Maintain a calm environment without excessive stimuli such as radio and siren use.
- Attempt to avoid restraining since confinement may trigger agitation.
- Agitation can result in an increase in confusion and disorientation.

Alzheimer's Association
435 East Henrietta Road
Rochester, NY 14620
800.272.3900 24-hour helpline
www.alz-rochesterny.org



"The Rochester Police Department will maintain Law and Order through Professional police service and Respect



according to Training Standards."
Mission Statement of the Rochester Police Department - 2005

ROCH. Doc Pro 000095

ROCHESTER POLICE DEPARTMENT TRAINING BULLETIN

Issue Date: January 2000	Rescinds:	T.B.# C-06-00
Subject: Communication with Deaf and Hard of Hearing People		

Our city has a large population of deaf and hard of hearing people. As officers, you have or will probably become involved with them at some time. Determining if a person is Deaf or Hard of Hearing and tips on how to communicate are important.

DEAF (D) people rely primarily on their vision (some may use residual hearing to supplement their communication). There are approximately 8,700 Deaf people in the greater Rochester Area. They tend to use sign language and their speech may be difficult to understand

HARD OF HEARING (HOH) people rely primarily on hearing with the help of amplification (some may use their vision to supplement their communication). There are approximately 91,300 Hard of Hearing people in the greater Rochester area. HOH people generally don't use sign language. Their speech is fully understandable.

Communication Hints

- When communicating, always face the *Hard of Hearing or Deaf person*.
- If a D/HOH person faces away from you, a slight tap on the shoulder with your finger is a good way to get their attention.
- Speak slowly and clearly, but do not exaggerate mouth/lip movement. Raise your voice slightly but do not shout.
- Position yourself so light is on your face to enable the D/HOH person to read your lips. At night or if you are in a dark place speak with the flashlight on your face **only when you feel secure and are in a safe location**.
- Keep in mind that D/HOH people generally can speech/lip read only 30% (appx.) of what is being spoken. Simplify your statements. Instead of saying “**Hey! Wait a minute! Can you tell me who called 911?**” say “**Wait! Who called 911?**”
- Some Deaf people can speak. Listen carefully and repeat if needed.
- If communicating with a HOH person, minimize background noise and distance.
- Rephrase the sentence if you are asked to repeat. Use simple sentences.
- Use handwritten notes if needed.
- Use pantomime, body/facial language to offer more visual clues. Use gestures such as pointing right or left direction to describe, for example, where the suspect ran. Point to your hair to ask what color the suspect's hair was.
- If a Deaf person is handcuffed due to an arrest or for safety, she/he can no longer communicate (writing, gestures, etc) with you. Write a note and ask the person to be patient until an interpreter arrives
- If you give the D/HOH person something to read (your notes, warrant, etc.) do not speak until the person completes reading and then look s at you.

- Avoid questions that only need YES or NO answers. Many D/HOH people often nod their heads, when in fact they don't follow the conversation. Use open-ended questions. Ex. "What color is the suspect's hair?" (pointing to your hair)

Expressions of Excitements can be mistaken or interpreted as anger. Deaf people may not be able to say words but can make sounds that seem quite loud and/or aggressive. This is equivalent to voice inflections. Of course, the Deaf person cannot regulate the volume because they cannot hear themselves talking or making sounds. Their signing space may expand dramatically if they're excited or anxious such as a hearing victim/witness may speak louder than usual. For example, the normal signing of a car crash is a fist hitting an open palm hand and mouth the word "boom." However, in a more spectacular crash, a deaf person may extend their arms fully, pound harder with the fist and palm hand, and shout a funny sounding "BOOM."

Appearance of Staring - The person is trying to read your facial expression and lips.

Descriptions that appear blunt, impolite or ungracious - If a deaf person wanted to describe a person that was obese/overweight, they would blow up their cheeks and make a round motion with their arms to indicate a large body. If a hearing obese person saw this, they would be offended, but there is no other way a deaf person can communicate the description. The intention is not to hurt one's feelings but to describe and communicate what they seen.

Appearance of waving arms, stomping on the floor, pounding on tables, or flicking lights on/off. These actions are their normal way of getting the attention of another D/HOH person. However they may do this to get your attention.

Communicating with Deaf/Hard of Hearing Persons in a Traffic Stop

- If the driver fails to respond to your verbal questions, you may need to confirm that the driver is Deaf or Hard of Hearing. Ask the driver, by pointing to your ear and then nodding or shaking your head. You are saying, "Can you hear me yes or no?" If the driver or passenger is reaching for the ashtray, purse or glove compartment, they may be reaching for a note pad, pencil, hearing aids or a one-on-one communicator device. (See Personal Communicator Devices below)

Be advised that a NYS Driver's License sometimes indicates that the driver may be required to wear hearing aids or use of full view mirrors. Some officers mistakenly understand this to mean that both hearing aids and full view mirror must be used simultaneously. Some Deaf and Hard of Hearing people do not wear hearing aids.

Person Communicator Devices Used by Hard of Hearing People Only

Hard of Hearing Devices are approximately 6" long and 1 ½" in diameter and come in a carrying case. Some keep these devices on their person, in a purse or maybe the glove compartment box. Please be aware of these when people are reaching for items are trying to adjust the device itself if on their person.



Rochester Police Department General Order



EFFECTIVE DATE: April 20, 2015	SUBJECT: EMOTIONALLY DISTURBED PERSON RESPONSE TEAM	ORDER# 561
RESCINDS: G.O. 561 (10/21/11)	REFERENCE STANDARD(S): NYS:	PAGE 1 of 6
ATTACHMENT(S):		
Chief's Signature: <i>Michael L. Ciminelli</i>		

I. DEFINITIONS

Emotionally Disturbed Person Response Team (EDPRT): A group of employees specially trained, on a voluntary basis, to deal with emotionally disturbed individuals in a variety of situations in the Rochester community. **These situations may include suicidal persons, persons exhibiting irrational behavior, handling psychiatric patients, the homeless, various mental health concerns and/or referrals, and any other situations that deal specifically with the needs of the mental health community and emotionally disturbed persons.**

II. POLICY

Preserving the dignity of individuals who are emotionally disturbed is essential. The EDPRT will:

- A. Take all reasonable measures to ensure the safety of its members, the community, and the emotionally disturbed person.
- B. Ensure that each emotionally disturbed person's (EDP) physical and mental health is cared for with understanding and compassion during police contact.
- C. Be utilized in situations where their specialized training may be **helpful in dealing with persons who are suffering from an emotional disorder** or mental illness.
- D. Facilitate the diversion of persons suffering from emotional disorders or mental illness to a mental health facility or other appropriate agency pursuant to the New York State Mental Health Act and General Order 560, Mental Health Intervention.

III. PROCEDURES

A. Staffing

1. The Commanding Officer of the EDPRT will be determined by the Chief of Police, upon recommendation of the Deputy Chief of the Operations Bureau (DCO), Deputy Chief of the Administration Bureau (DCA), and Division Commanders.
2. The Commanding Officer of the EDPRT will report to Special Operations Division (SOD) Commanding Officer for EDPRT matters.
3. The Commanding Officer of the EDPRT will be responsible for:
 - a) Determining, in consultation with the DCO and SOD Commanding Officer the number of employees assigned to the EDPRT.
 - b) Designating the EDPRT Training Coordinator.
 - c) Designating EDPRT liaisons with outside agencies.
 - d) Maintaining a current roster of EDPRT members.
 - e) Providing current rosters to the Section Commanding Officers and Emergency Communications Department (ECD).
 - f) Continually monitor the effectiveness of the EDPRT for training needs, deficiencies, and overall performance; and reporting issues, concerns, and needs to the SOD Commanding Officer.
 - g) Ensuring that all EDPRT members meet and maintain established performance standards set forth in the Department's approved EDPRT training curriculum.
 - h) Ensuring the maintenance of the EDPRT database for all EDP contacts, after-action reports, etc.
 - i) Completing an Annual Report of EDPRT activities, and submitting the report to the SOD Commanding

Officer, who, after review and approval, will distribute the report to DCO and other designated Command Staff.

- j) The overall daily operations, functions, and maintenance of the Team.

B. Structure

1. The EDPRT will consist of non-sworn FACIT workers and members assigned to the Operations Bureau, Call Reduction, or any other assignment in which there is continued and regular contact with the public and community.
2. The EDPRT Training Coordinator will be responsible for:
 - a) Coordinating all EDPRT initial and periodic in-service training, as well as coordinating training for various outside agencies.
 - b) Ensuring that all EDPRT members successfully complete the initial Department-approved EDPRT training course, and attend periodic in-service training.
 - c) Ensuring that all EDPRT members meet and maintain established performance standards set forth in the Department's EDPRT basic and in-service training courses.
 - d) Maintaining all training records, training curriculum and objectives, scheduling, and case management.

IV. EDPRT ACTIVATION

A. Criteria

1. On-duty members, if available, may be activated via the Emergency Communications Department (ECD), under the following conditions:
 - a) Threat of, or attempted suicide.

- b) An individual threatens to, or inflicts harm upon themselves or others, **and** exhibits signs and/or symptoms of a mental health problem.
 - c) Request for transport by an authorized agent (e.g., MHL 9.45, or Office of Mental Health Form 474 signed by Doctor or other authorized authority).
 - d) All successful suicide scenes.
 - e) During any activation of the Crisis Negotiation Team, for purposes of hospital and post-procedures involving mental health intervention.
2. Off-duty EDPRT members may be activated by the Chief of Police, DCO, Section Commanders, or the Staff Duty Officer, after consulting with the Commanding Officer of the EDPRT.
3. EDPRT members may, when their specialized expertise may be helpful, respond to the following situations involving EDPs, when the EDPs have:
- a) Demonstrated conduct that they are a danger to themselves, which includes a person's refusal or inability to meet their 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.
 - b) Chronic EDP situations that do not meet the criteria outlined in Section 9.41 of the Mental Health Law.
- B. Procedures
- 1. Upon logging on to their Mobile Data Computer (MDC), EDPRT members will notify ECD, via the MDC, that they are an EDPRT member.
 - 2. ECD may dispatch two (2) EDPRT members (a minimum of one sworn member), when available, for calls meeting the criteria outlined in Section IV.A.1. The EDPRT member(s) will be considered the primary unit.

3. ECD may dispatch EDPRT members, when available, who are assigned to the patrol section that covers the geographical area required for police response.
4. If an EDPRT member assigned to the specific patrol section is unavailable, ECD may dispatch any available EDPRT member, regardless of geographic patrol assignment.
5. EDPRT members may be requested by a RPD supervisor, or any member if;
 - a) After evaluation of the EDP, a determination is made that the EDP meets the criteria outlined in Section IV.A.3, and the specialized training of EDPRT members may be helpful.
 - b) The supervisor or member deems it appropriate to utilize the EDPRT member as a resource.

NOTE: Utilization of an EDPRT member does not relieve supervisors or members of their duty regarding transporting, reports, custody, etc.

6. Supervisors are encouraged to utilize the recommendations of EDPRT members in circumstances outlined in Section IV.A.3.

V. HOSPITAL/POST PROCEDURES

- A. In circumstances in which a Mental Health Arrest (MHA) occurs, the EDPRT member will write "EDPRT" on the bottom of the Monroe County Mental Hygiene Form, as well as the member's contact information.
- B. If an EDPRT member is involved in a MHA, the Team member will not secure from the hospital until dialogue has been conducted between the EDPRT member and the hospital Psychiatric Assignment Officer and/or Psychiatric Doctor/Charge Nurse.
- C. EDPRT members will complete an EDPRT After-Action Report for all incidents outlined in Section IV.A.1, and for involvements in Section IV.A.3, when their actions require additional follow-up,

and/or the EDPRT member determines it necessary to document the incident.

- D. EDPRT members will, prior to the conclusion of their tour of duty:
1. Forward the original After-Action Report and a copy of all related reports to the EDPRT Commanding Officer.
 2. Attach an electronic version of the After-Action Report to the EDPRT folder on the designated computer network drive.



Rochester Police Department General Order



EFFECTIVE DATE: April 20, 2015	SUBJECT: PSYCHIATRIC CRISIS INTERVENTION	ORDER# 560
RESCINDS: G.O. 560 (02/01/06)	REFERENCE STANDARD(S): NYS: 8.1	PAGE 1 of 15
ATTACHMENT(S): (A) Monroe County Mental Hygiene Form; (B); NYSOMH Form 474A/476A; (C) NYSOMH Form 465; (D) NYSOMH Form 485		
Chief's Signature: <i>Michael L. Ciminelli</i>		

I. DEFINITIONS

- A. Facility: Any place in which 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, unit, or a part thereof. (NYSMHL Article 1, Section 1.03(6)).

- B. Involuntary Admission: A person suffering from a mental illness and /or is experiencing an apparent psychiatric crisis that requires immediate observation, care and treatment and appears likely to result in serious harm to himself or others if left untreated. Usually brought in for evaluation against their will.

- C. Mental Illness: A disorder in which individuals experience periodic problems with feeling, thinking, or judgment to such an extent that the person afflicted requires care, treatment, and rehabilitation. Mental illness may be acute and time limited or chronic and lifelong. Mental illness may occur in anyone.

- D. Psychiatric Assignment Officer (PAO): A qualified mental health professional physically present in the Emergency Department of a hospital who performs mental health evaluations and consults with a physician before determining the disposition of patients.

- E. Voluntary Admission: Any person **REQUESTING** admission, care, and treatment for themselves.

II. POLICY

- A. Members of the Rochester Police Department (RPD), when dealing with persons during contacts on the street as well as during interviews and interrogations, will be understanding of and attentive to the problems of persons experiencing mental or emotional difficulties and who may require police assistance and community mental health resources.
- B. Members of the RPD will use judgment based on training, experience and discretion when exercising their powers of arrest under the New York State Mental Hygiene Law (NYSMHL) without compromising member, patient, and / or public safety.
- C. Members of the RPD making a mental hygiene arrest or returning individuals to a mental health facility pursuant to the NYSMHL will share all potentially relevant information surrounding the individual's conduct and/or arrest with hospital personnel involved in the evaluation of the person.

III. PROCEDURES

A. Evaluation by Police

Section 9.41 of the NYSMHL allows a police officer to take into custody any individual for evaluation if the person appears to be mentally ill and is conducting themselves in a manner which is likely to result in serious harm to himself or others when there is substantial risk of physical harm to:

1. Themselves as manifested by threats of or attempts of suicide or serious bodily harm or other conduct demonstrating that he or she is dangerous to themselves, such as, the person'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; or
2. Other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.

3. There is reasonable suspicion that an individual's behavior, whether or not criminal in nature, is secondary to a mental health issue.

B. Documentation

Members effecting a Mental Hygiene Arrest will complete a Monroe County Mental Hygiene Arrest Form (Attachment A).

C. Transporting Mentally Ill Patients

1. Transports of persons taken into custody under Section 9.41 of the NYSMHL will be made by ambulance.
2. Members will follow directly behind the ambulance to the hospital.
3. Before being transported to a medical or community mental health facility, all persons will be searched for weapons, dangerous articles, or any other items with which the individual may harm himself or others. This search will include, but not be limited to, a pat down of all clothing and body surfaces.
 - a) Any weapons, dangerous articles, or items found will be properly secured. Weapons of any kind and items of evidentiary nature will be turned in to the Property Clerk's Office. A copy of the Property Custody Report will be given to the individual as a receipt for any property taken into custody. All other property will accompany the individual to the hospital, where it will be returned to the individual after evaluation and release.

D. Evaluation by Hospital Personnel

Under Section 9.39, the medical facility is authorized to accept an individual who is brought into their facility under a mental hygiene arrest by a police officer. The facility may retain the individual for up to 15 days.

1. Before an individual can be admitted to a hospital, they must be examined by a staff physician and found to meet

hospital admission requirements. If the requirements are not met, the individual must be released.

2. Under present law, the decision to admit in an emergency situation is entirely up to the staff physician. There exists no procedure to ensure hospital retention of the individual. Therefore, the member will relate all information concerning the individual to the hospital's Psychiatric Assignment Officer (PAO) or other appropriate attending medical personnel.
3. Hospital security personnel when taking custody of an mental hygiene patient will do a thorough pat-down search of the patient in the presence of the member. The arresting member will make a notation in the narrative portion of the Monroe County Mental Hygiene Form the name of the hospital or security personnel and the time the member was relieved.
4. The mental health patient is the responsibility of the arresting member and at no time is the patient to be left unattended unless hospital or security personnel properly relieve the member. Members are not required to remain in the hospital once properly relieved.

E. When Criminal Charges Are Pending

1. If a mental hygiene patient is also to be charged criminally, information must be noted on the Monroe County Mental Hygiene Form and relayed to both the PAO and hospital security.
2. An appearance ticket may be issued if the patient is eligible for one pursuant to G.O. 520 and G.O. 523
3. If an appearance ticket cannot be issued and the patient cannot remain unguarded, procedures concerning prisoner guards will be followed pursuant to G.O. 520.

IV. ESCAPEES FROM POLICE / HOSPITAL CUSTODY

A. RPD Mental Hygiene Arrest

1. When a patient brought in by police arrested under the NYSMHL escapes the custody of police or the hospital before / after evaluation, that person will be considered an extenuating missing person and investigated pursuant to G.O. 530.
2. If an individual, after evaluation by hospital psychiatric staff, is deemed to no longer be endangered or a threat to themselves or others, that person will be considered a non-extenuating missing person and investigated pursuant to G.O. 530.

B. Other Agency Mental Hygiene Arrest

1. The Department may be requested to assist with a search of a hospital area within the City of Rochester if a mental hygiene patient escapes while still in the custody of that agency. In such cases, members will assist with a search until the individual in question has been located or until their supervisor relieves the members. A K-9 unit will not be used in any search of a mental hygiene patient.
2. Mental hygiene arrest patients who escape from a hospital prior to / or after evaluation and are no longer in the custody of another agency will be considered a missing person and the responsibility of the section in which the hospital is located.

C. Escapees From a Mental Health Facility

Section 29.19 of the NYSMHL authorizes a police officer to apprehend, restrain if necessary, and return a person who escapes from a mental health facility (Rochester Psychiatric Center). A person is considered an escapee of a facility when they have been admitted to that facility.

1. Members will complete a Missing Person Report on the escaped patient. A deposition must also be completed and signed by the representative of the facility who is

authorizing (physician, nurse, person authorized) the return of the patient by signature.

2. If a Missing Person Report was previously filed by a facility, the member will document actions taken on an Investigative Action Report when the patient is returned to the facility.
3. A written report is not necessary if the patient is returned to or taken into custody by the facility during the initial investigation.

Note: If an individual seeking voluntary treatment should leave the hospital before evaluation and the attending PAO or other mental health professional feels the individual SHOULD be seen, the member will advise the hospital to complete a New York State Office of Mental Health (NYSOMH) Form 474A/476A (MHL Section 9.45) to ensure the return of the individual (refer to Section V of this order).

V. TRANSPORTING MENTALLY ILL PATIENTS BY SPECIAL REQUEST

Under the NYSMHL, Sections 9.37 (Involuntary admission on certificate of a director of community services or his designee), 9.43 (Emergency admissions for immediate observation, care, and treatment; powers of courts), 9.45 (Emergency admissions for immediate observation, care, and treatment; powers of directors of community services), 9.55 (Emergency admissions for immediate observation, care and treatment; powers of qualified psychiatrists), 9.57 (Emergency admissions for immediate observation, care and treatment; powers of emergency room physicians), and 9.60 (Assisted outpatient treatment), the Director of Community Services of Monroe County or designee, or court, is authorized to direct a police officer to take an individual into custody and to transport that individual to a facility for the purpose of observation.

- A. When given the assignment of transporting an individual for observation, other than for Section 9.43, action will be taken only after the member has verified with Life Line (275-5151), the identity of the Director of Community Services Designee of Monroe County who is requesting the transport.
- B. No action will be taken if verification cannot be made through Life Line. Members may direct the physician to locate another

physician who is in fact a “designee” or contact the Director of Mental Health for approval and follow-up.

- C. Members, before taking an individual into custody for NYSMHL Section 9.45, 9.55 or 9.57, must be presented with a copy of a completed NYSOMH Form 474A/476A (Attachment B) with the section directing a police officer to take the individual into custody, or will make arrangements for any completed forms to be faxed to City Records (428-7174) for verification.
- D. Members, before taking an individual into custody for NYSMHL Section 9.43, must be presented with a completed NYSOMH Form 465 (Attachment C). Members will cause the transport of the individual to the location indicated on the Court Order.
- E. Members, before taking an individual into custody for NYSMHL Section 9.60, must be presented with a copy of a completed NYSOMH Form 485 (Attachment D) with the section directing a police officer to take the individual into custody.
- F. Members will complete a Monroe County Mental Hygiene Form, citing NYSMHL Section 9.37, 9.43, 9.45, 9.55, 9.57 or 9.60 and the reason the “designee” authorized the **transport** of the individual.

Note: These sections of the NYSMHL authorize qualified individuals to direct law enforcement personnel to transport individuals to an Emergency Department.

- G. Transport of the individual will be made by ambulance. Members will follow directly behind the ambulance to the hospital.

VI. DISTRIBUTION OF MENTAL HYGIENE FORM

- A. Ply 1 - Hospital Medical Staff.
- B. Ply 2 - Police: To be forwarded to supervisor for approval and then to Information Systems.
- C. Ply 3 - Hospital Security.

SUBJECT: PSYCHIATRIC CRISIS INTERVENTION	ORDER# 560	PAGE# - 8 -
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VII. TRAINING

- A. All recruit officers will receive mental illness awareness training as part of the Basic Course for Police Officers course curriculum content.
- B. All RPD employees will receive mental illness refresher training at least every three years.

SUBJECT: APPENDIX	ORDER# 560	PAGE# - 1 -
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MONROE COUNTY MENTAL HYGIENE FORM COMPLETION

- Box 1: Incident Type - Enter the appropriate NYSMHL Section
- Box 2: Time of Occurrence - Enter the Day of Week, Month, Date, Year and Time
- Box 3: When Reported - Enter the Day of Week, Month, Date, Year and Time
- Box 4: CR# - Enter the CR#
- Box 5: Dispatched to - Enter the location dispatched
- Box 6: Location of Incident - Enter the location of incident
- Box 7: Persons Involved - Enter the appropriate information and code of all involved
- Box 8: Where Hospitalized - Enter the hospital where the patient was transported
- Box 9: Physical Injuries - Enter the types of injuries to the patient
- Box 10: Tech Work - Check off appropriate box
- Box 11: Should Police be Contacted - Indicate if police should be contacted and whom, also the reason of contact.
- Box 12: Patient History - Check off appropriate box
- Box 13: Physical Restraint - Check off appropriate box
- Box 14: Patient Behaviors / Actions - Check off all applicable boxes
- Box 15: Narrative - Describe additional details of mental hygiene arrest
- Box 16: Follow-up by - Enter who will conduct any follow-up investigation
- Box 17: Police Agency - Enter Rochester Police Department (RPD)
- Box 18: Section / Zone - Enter the Section of assignment
- Box 19: Reporting Officer - Enter the name / ID # / Car Beat / Car # of the arresting Officer
- Box 20: Assisting Units - Enter the car #'s of assisting units
- Box 21: Approval - Enter the signature and ID # of approving supervisor

Monroe County Mental Hygiene Form

1. Incident Type		DOW	M	D	Y	T	4. CR#
	2. Time of Occurrence						
	3. When Reported						
5. Dispatched to (House #, Street, C/T/V)				6. Location of Incident (House #, Street, C/T/V)			
7. Persons involved enter appropriate code for each and use narrative if required. P: patient, R: reporting person, W-1: witness 1, W-2: witness 2, PK: person with knowledge, NI: not interviewed, NO: interviewed, no information.							
Name (Last, Middle, First)	Sex	Race	D.O.B.	Address (House #, Street, C/T/V)		Tale	Day
							Eve.
							Day
							Eve.
							Day
							Eve.
							Day
							Eve.
8. Where Hospitalized			9. Physical Injuries			10. Tech Work	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Should police be contacted before patient release? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, whom should hospital contact? Officer Name _____ Car# _____ Phone _____							
Reason (i.e. Outstanding warrant(s), investigation etc.)							
12. Does patient have history of assault/violent behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
13. Did patient require physical restraint? <input type="checkbox"/> Yes <input type="checkbox"/> No							
14. What behaviors or actions indicate the person might be a danger to self or others: (check all that apply)							
<input type="checkbox"/> Placed self in dangerous situation				<input type="checkbox"/> Physical threats			
<input type="checkbox"/> Unable to care for self				<input type="checkbox"/> Attempted to hurt/kill self/others			
<input type="checkbox"/> Verbal threats							
<input type="checkbox"/> Presence of weapons (specify) _____							
<input type="checkbox"/> Other (specify) _____							
15. Narrative: Describe additional details of the incident not listed above. Use appropriate code to expand on above information.							
16. Follow-up by:			Date Due:		17. Police Agency		18. Section/Zone
19. Reporting Officer			ID/IBM#	Beat#	Car#	20. Assisting Unit(s)	21. Approval

Distribution: Original - Medical Staff/ED Chart Copy 2 - Police Copy 3 - Security

<p align="center">EMERGENCY or C.P.E.P. EMERGENCY ADMISSION (Sections 9.41, 9.45, 9.55 and 9.57 Mental Hygiene Law)</p> <p align="center">Custody/Transport Of A Person Alleged To Be Mentally Ill To A Hospital Approved To Receive Emergency or C.P.E.P. Emergency Admissions</p>	<p>Person's Name (Last, First, M.I.) _____ C.P.E.P. No. _____</p> <hr/> <p>Sex _____ Date of Birth _____</p> <hr/> <p>Address _____</p>
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I. §9.41 Mental Hygiene Law	Custody/Transport By Certain Peace Officers and Police Officers												
<p>I, _____ (Name), a Peace Officer/Police Officer of _____ (Department/Location), hereby acknowledge that I have taken into custody _____ (Name of Person), who appears to be mentally ill and is conducting him/herself in a manner which is likely to result in serious harm to him/herself or others.*</p> <p>A. I have removed or directed the removal of this person to _____ (Name of §9.39 Hospital/C.P.E.P.**)</p> <p align="center">OR</p> <p>B. I am temporarily detaining this person at _____ (Location), a safe and comfortable place, pending examination or admission to _____ (Name of §9.39 Hospital/C.P.E.P.**). I am notifying _____ (Director of Community Services) or _____ (Health Officer) of _____ (City) or _____ (County) of this detention/removal.</p>													
(Signature of Peace Officer/Police Officer)	Title/Badge Number _____ <table border="1" style="float: right; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">Mo.</td> <td style="width: 20px;">Day</td> <td style="width: 20px;">Yr.</td> <td style="width: 20px;">Hr.</td> <td style="width: 20px;">Min.</td> <td style="width: 20px;">AM</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PM</td> </tr> </table>	Mo.	Day	Yr.	Hr.	Min.	AM						PM
Mo.	Day	Yr.	Hr.	Min.	AM								
					PM								

II. § 9.45 Mental Hygiene Law	Request By A Director of Community Services or Designee												
<p>I, _____ (Name), am the Director of Community Services for _____ (City or County).</p> <p align="center">OR</p> <p>I, _____ (Name), am the designee of the Director of Community Services for _____ (City or County).</p> <p>It has been reported to me that _____ (Name of Person) has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.*</p> <p>This information was reported to me by _____ (Name), who is:</p> <p> <input type="checkbox"/> a licensed physician <input type="checkbox"/> the health officer <input type="checkbox"/> the parent of the person <input type="checkbox"/> a licensed psychologist, a registered professional nurse, or certified social worker currently responsible for providing treatment services to the person <input type="checkbox"/> a peace or police officer <input type="checkbox"/> the adult sibling of the person <input type="checkbox"/> the spouse of the person <input type="checkbox"/> the committee of the person <input type="checkbox"/> the child of the person </p> <p>I hereby direct, under the Mental Hygiene Law, that peace/police officers of _____ (Department/Location) take this person into custody and transport him/her to _____ (Name of §9.39 Hospital/C.P.E.P.**).</p> <p align="center">OR</p> <p>I hereby request, under the Mental Hygiene Law, that _____ (Name of Ambulance Service) transport this person to _____ (Name of §9.39 Hospital/C.P.E.P.**).</p>													
Signature of Director of Community Services or Designee	<table border="1" style="float: right; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">Mo.</td> <td style="width: 20px;">Day</td> <td style="width: 20px;">Yr.</td> <td style="width: 20px;">Hr.</td> <td style="width: 20px;">Min.</td> <td style="width: 20px;">AM</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PM</td> </tr> </table>	Mo.	Day	Yr.	Hr.	Min.	AM						PM
Mo.	Day	Yr.	Hr.	Min.	AM								
					PM								

* "Likely to result in serious harm" means: (a) a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person'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), or (b) 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 harm.

** A hospital approved by the Commissioner of OMH, under MHL Section 9.39, as maintaining adequate staff and facilities for admitting patients on an emergency basis, or, a C.P.E.P. licensed by OMH to provide psychiatric emergency services to patients admitted under MHL Section 9.40.

Custody/Transport Of A Person
 Alleged to be Mentally Ill To A Hospital
 Approved to Receive Emergency Admissions

Name (Last, First, Middle)

III. § 9.55 Mental Hygiene Law

Request By A Qualified Psychiatrist

I, _____, M.D., a qualified psychiatrist*, am supervising or providing treatment for _____ at _____, a facility licensed or operated by the Office of Mental Health which does not have an inpatient psychiatric service. I have examined this person and am of the opinion that s/he appears to have a mental illness for which immediate observation, care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.**

I hereby direct, under the Mental Hygiene Law, that peace/police officers of _____ (Department/Location) take into custody and transport this person to _____ (Name of §9.39 Hospital/ CPEP***)

—OR—
 I hereby request, under the Mental Hygiene Law, that _____ (Name of Ambulance Service) transport this person to _____ (Name of §9.39 Hospital/ CPEP***)

Signature of Psychiatrist

Mo.	Day	Yr.	Hr.	Min.	<input type="checkbox"/> AM <input type="checkbox"/> PM
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IV. § 9.57 Mental Hygiene Law

Request By An Emergency Room or C.P.E.P. Physician

I, _____, M.D., am an emergency room physician or provide emergency medical services at _____ (Name of Hospital), a general hospital which does not have an inpatient psychiatric service.

—OR—
 I, _____, M.D., am a physician at _____ (Name of C.P.E.P.)

It is my opinion, based on an examination of _____ (Name of Person), that s/he appears to have a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.**

I hereby request that the hospital, program director, or the director's designee direct the removal of such person to a hospital approved by the Commissioner of OMH under MHL Section 9.39 or to a comprehensive psychiatric emergency program.***

Signature of Examiner

Mo.	Day	Yr.	Hr.	Min.	<input type="checkbox"/> AM <input type="checkbox"/> PM
-----	-----	-----	-----	------	--

Based on the above request, I hereby direct under the Mental Hygiene Law that peace/police officers of _____ (Department/Location) take into custody and transport this person to _____ (Name of §9.39 Hospital /CPEP***)

—OR—
 Based on the above request, I hereby request under the Mental Hygiene Law that _____ (Name of Ambulance Service) transport this person to _____ (Name of §9.39 Hospital /CPEP***)

Signature of Hospital Director/Designee

Mo.	Day	Yr.	Hr.	Min.	<input type="checkbox"/> AM <input type="checkbox"/> PM
-----	-----	-----	-----	------	--

* A qualified psychiatrist means a physician licensed to practice medicine in NY state, who: is a diplomate of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or who is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that Board.

** "Likely to result in serious harm" means: (a) a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to eat, drink, 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); or (b) 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 harm.

*** A hospital approved by the Commissioner of OMH, under MHL Section 9.39, as maintaining adequate staff and facilities for admitting patients on an emergency basis or a CPEP licensed by OMH to provide psychiatric emergency services to patients admitted under MHL Section 9.40.

**CIVIL ORDER FOR REMOVAL TO HOSPITAL
(Pursuant to Section 9.43 of the Mental Hygiene Law)**

STATE OF NEW YORK

_____ COURT, _____

(CITY COUNTY OR VILLAGE)

IN THE MATTER OF THE HOSPITALIZATION
PURSUANT TO SECTION 9.43 OF THE
MENTAL HYGIENE LAW OF

_____ AN ALLEGED MENTALLY ILL PERSON

_____ being brought before this court and it appearing to the
court, on the basis of evidence presented to it, that such person has or may have a mental illness which is likely to
result in serious harm to himself or others and the Director of _____
a hospital specified in Section 9.39 of the Mental Hygiene Law having agreed to receive such person, for determin-
ation whether such person should be retained.

NOW, THEREFORE, it is

ORDERED that pursuant to the provisions of Section 9.43 of the Mental Hygiene Law, the said _____

_____ be removed to _____

for a determination by the Director of such hospital whether such person should be retained therein pursuant to
the provisions of Section 9.39 of such law.

DATED _____ 19 _____

(SIGNATURE)

(PRINT NAME TO BE SIGNED)

Justice or Judge,

(COURT)

APPLICATION FOR HOSPITAL EXAMINATION AFTER FAILURE TO COMPLY WITH ORDER FOR ASSISTED OUTPATIENT TREATMENT (Section 9.60(n) Mental Hygiene Law)

Person's Name (Last, First, M.I.)

Sex Date of Birth

Address

GENERAL INFORMATION

Section 9.60(n) of the Mental Hygiene Law (MHL) sets forth circumstances under which a person who is subject to an order for assisted outpatient treatment (AOT) may be taken into custody and transported to a hospital for evaluation to determine if the person should be admitted for psychiatric care and treatment. MHL Section 9.63 provides that, in carrying out such transportation, appropriate attempts shall be made to elicit the cooperation of the person to be transported prior to resorting to compulsory means of transportation.

The procedure established in section 9.60(n) begins with a determination by a physician that the person has failed or has refused to comply with the AOT order and that efforts were made to solicit compliance with the order. In addition, the physician must conclude that the person **MAY**:

- (i) *be in need of involuntary care and treatment in a hospital providing inpatient services for persons with mental illness, pursuant to MHL Section 9.27 (see FORMS OMH 471 and 471A),*
- OR—
- (ii) *have a mental illness for which immediate observation, care and treatment in a hospital is appropriate and which is likely to result in serious harm to self or others, pursuant to MHL Sections 9.39 or 9.40 (see FORMS OMH 474 and 476).*

"In need of involuntary care and treatment" means that a person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgement is so impaired that he is unable to understand the need for such care and treatment (see MHL Section 9.01).

"Likely to result in serious harm" means (a) a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself, or (b) 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 harm (see MHL Section 9.01).

Upon such a determination by a physician, a request is made by the physician to: (1) a director of an AOT program; (2) the designee of the AOT program director; or (3) a physician designated by the director of community services under MHL Section 9.37, to direct that the person be taken into custody and transported to a hospital for evaluation. (see Part A below). The director, designee or physician appointed pursuant to section 9.37 then determines whether to direct that the person be taken into custody and transported to a hospital (see Part B below). Under MHL Section 9.60(n), an approved mobile crisis outreach team, an ambulance service, or a police officer or an appropriate peace officer can be directed to take the person into custody for transport to a hospital. The hospital to which the person is transported must be one operating an AOT program or one authorized by the county director of community services to receive persons subject to AOT orders.

A physician at the receiving hospital shall evaluate the person's need for involuntary care and treatment within a 72 hour period from receipt at the hospital. If the physician at the hospital confirms that the person needs involuntary care and treatment, the person shall be admitted as a patient.

PART A REQUEST FOR ASSISTED OUTPATIENT TO BE EXAMINED

Pursuant to the authority granted to me under Section 9.60(n) of the Mental Hygiene Law (MHL),

I, _____, M.D., hereby request that _____ be removed to

In support of this request, I hereby state with respect to the above-named person that:

1. In my clinical judgement

- a. this person has failed or refused to comply with the assisted outpatient treatment ordered by the court;
- b. efforts were made to solicit compliance by this person with the treatment ordered by the court; and

c. this person *(Check appropriate box)*

- may be in need of involuntary care and treatment in a hospital providing inpatient services for mental illness pursuant to MHL Section 9.27, or
- may have a mental illness for which immediate observation, care and treatment in a hospital is appropriate and which is likely to result in serious harm to self or others pursuant to MHL Sections 9.39 or 9.40.

2. To the best of my knowledge and belief, the facts stated above and the information contained herein are true.

Signature of M.D.

										<input type="checkbox"/> AM
										<input type="checkbox"/> PM
	Mo.	Day	Yr.	Hr.	Min.					

PART B CUSTODY/TRANSPORT OF PERSON SUBJECT TO ASSISTED OUTPATIENT TREATMENT ORDER

Pursuant to MHL section 9.60(n), I hereby direct that *(check one)*

- the _____ ambulance service, or
- the _____, an approved mobile crisis outreach team, or
- peace officers/police officers of _____
(Department/Location)

take the above-named person into custody and transport him/her to the following hospital (as designated by the section of Community Services):

Name of Hospital: _____

Address of Hospital: _____

Signed: _____

Position/Capacity: *(check one)*

- Director of Assisted Outpatient Treatment (AOT) Program
- Designee of Director of AOT Program
- Physician designated pursuant to MHL Section 9.37

ROCHESTER POLICE DEPARTMENT

TRAINING BULLETIN

Issue Date: August 2013	Rescinds: C-4-97	T.B.# C-08-13
Subject: Service Animals in Public Facilities		

The U.S. Department of Justice and the New York Attorney General's Office have enforcement responsibilities under laws that protect the rights of individuals with disabilities. This training bulletin provides specific information about the legal requirements regarding individuals with disabilities who use service animals.

Under the Americans with Disabilities Act (ADA), State and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where the public is normally allowed to go. For example, in a hospital it would be inappropriate to exclude a service animal from areas such as patient rooms, clinics, cafeterias, or examination rooms. However, it may be appropriate to exclude a service animal from operating rooms or burn units where the animal's presence may compromise a sterile environment.

Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.

- Under New York law, CIVIL RIGHTS LAW ARTICLE 4-B Section 47 (Rights of Persons with a Disability Accompanied by Guide Dogs, Hearing Dogs or Service Dogs):
 - § 47 (1) "No person shall be denied admittance to and/or the equal use of and enjoyment of any public facility solely because said person is a person with a disability and is accompanied by a guide dog, hearing dog, or service dog".

- § 47 (2) “Public Facilities include, but shall not be limited to, all modes of public and private transportation, all forms of public and private housing accommodations whether permanent or temporary, buildings to which the public is invited or permitted, all educational facilities and institutions, all places where food is offered for sale, all theatres, including live playhouses and motion picture establishments and all other places of public accommodations, convenience, resort, entertainment, or business to which the general public or any classification of persons therefrom is normally or customarily invited or permitted”.
 - § 47-b (2) “No person or legal entity, public or private, shall attempt to impose or maintain any direct or indirect additional charge for the admittance of a guide dog, hearing dog or service dog accompanying a person with a disability, nor shall any conditions or restrictions not specifically set forth in this article be imposed on the person’s rights as set forth herein”.
 - § 47-b (3) “Persons qualified to train dogs to aid and guide persons with a disability, while engaged in such training activities, shall have the same rights and privileges set forth for persons with a disability in this article”.
- Any person or legal entity, public or private, violating any provision of this article shall be guilty of a violation.
 - Officers may be called upon to mediate violations of this article.
 - Officers may issue appearance tickets for violations of this article.
 - Officers who are authorized to issue an appearance ticket for a violation of § 47-b (2) of the New York State Civil Right Law will include the following documents in the case package:
 1. Appearance Ticket, RPD 1302, returnable to Rochester City Court.
 2. Accusatory Instrument, RPD 1271, citing § 47-b (2) New York State Civil Rights Law.
 3. Supporting Deposition, RPD 1270, of any witness or victim.
 4. Standardized Incident Report
 - Inquiries, Exclusions, Charges and Other Specific Rules Related to Service Animals:
 - The miniature horse is not included in the definition of service animal, However, the Department of Justice has added a specific provision under Title 28 § 35.136(i) of the Code of Federal Regulations. Under this provision, a public entity must make reasonable modifications in policies, practices, or procedures to

permit the use of a miniature horse by an individual with a disability if the miniature horse has been individually trained to do work or perform tasks for the benefit of an individual with a disability. The regulations set out four assessment factors to assist entities in determining whether miniature horses can be accommodated in their facility.

1. Whether the miniature horse is housebroken.
 2. Whether the miniature horse is under the owner's control.
 3. Whether the facility can accommodate the miniature horse's type, size, and weight.
 4. Whether the miniature horse's presence will not compromise legitimate safety requirements necessary for safe operation of the facility.
- Under the ADA, service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.
 - When it is not obvious what service an animal provides, only limited inquiries are allowed. Staff may ask two questions: (1) is the dog a service animal required because of a disability, and (2) what work or task has the dog been trained to perform. Staff cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task.
 - Allergies and fear of dogs are not valid reasons for denying access or refusing service to people using service animals. When a person who is allergic to dog dander and a person who uses a service animal must spend time in the same room or facility, for example, in a school classroom or at a homeless shelter, they both should be accommodated by assigning them, if possible, to different locations within the room or different rooms in the facility.
 - A person with a disability cannot be asked to remove his service animal from the premises unless: (1) the dog is out of control and the handler does not take effective action to control it or (2) the dog is not housebroken. When there is a legitimate reason to ask that a service animal be removed, staff must offer the person with the disability the opportunity to obtain goods or services without the animal's presence.
 - Establishments that sell or prepare food must allow service animals in public areas even if state or local health codes prohibit animals on the premises.

- People with disabilities who use service animals cannot be isolated from other patrons, treated less favorably than other patrons, or charged fees that are not charged to other patrons without animals. In addition, if a business requires a deposit or fee to be paid by patrons with pets, it must waive the charge for service animals.
- If a business such as a hotel normally charges guests for damage that they cause, a customer with a disability may also be charged for damage caused by himself or his service animal.
- Staff are not required to provide care or food for a service animal.

ROCHESTER POLICE DEPARTMENT

TRAINING BULLETIN

Issue Date: January 1997	Rescinds:	T.B.# C-01-97
Subject: Tourette Syndrome		

An officer, on a long night's stake-out, watched with growing amazement as a man got out of his car, walked to the front wheel, kicked it three times and barked like a dog. He then walked to each of the other wheels and repeated the entire performance. Unable to blow his cover, the officer resisted the temptation to approach the man. Like hundreds of other officers, he knew something was wrong, something possibly illegal and he wanted to find out what. Like hundreds of other officers, without realizing it, he had just seen one of the thousands of people who have Tourette Syndrome.

What is Tourette Syndrome?

Tourette Syndrome (TS) is a neurochemical disorder which breaks down inhibitions and causes involuntary movements and noises called "tics". The sudden, unexpected movements can be anything - jerks, hops, touching, even little dances. The noises range from sniffing, spitting or grunting to barking, squealing or uttering inappropriate words or phrases. Coprolalia, compulsive swearing, is probably the most famous symptom of TS, although it affects only about one third of TS people at some point in their lives. TS symptoms come and go. And, like other TS, the person with TS cannot stop doing it.

People with TS feel their tics the way we feel a mosquito bite - it's there, and the longer we try not to touch it, the more we'll scratch. Similarly, people with TS can hold in some of their symptoms or some part of them, for a time. However, they build up especially under stress and must be released at some point. The longer the build-up, the greater the tic.

TS and Youth

Other problems are associated with TS. Almost half of the young people with TS suffer from attention deficit problems, hyperactivity and learning disorders - difficulties which do not affect intelligence, but do affect academic achievement. Many people with TS cannot read or write well, even if they have extremely high IQs.

Obsessions and Compulsions

Obsessions and compulsions can also be a part of TS. Typical obsessions (i.e. those thoughts which cannot be stopped) are about cleanliness, sex and fears (i.e. the fear of getting angry and becoming violent is common; fear of authority figures in uniform). Compulsions (uncontrollable actions) can sometimes center on obsessions. A TS person with an obsession about people in uniform may develop a compulsion to

avoid them. This avoidance may appear suspicious to a police officer particularly when the person is unable to explain such actions.

Others with TS find their compulsions are an extension of their tics: something touched with the right hand must be touched with the left to “even things up” or touched a certain number of times with each hand; and, appliances turned off or on are constantly rechecked, even to the point of touching hot stoves and irons over and over to ensure they are indeed, hot. Some compulsive behaviors are self-destructive. A student with a TS tic consisting of prodding himself in the eye, blinded himself in that eye. He must now wear a guard to protect his other eye from the same tic. A teacher with TS who drives to work, constantly hits the windshield with her little finger (“to make sure it’s there”) and has subsequently broken that finger several times.

Rage - The biggest problem for people with TS and for those around them, is sudden outbursts of rage. A minor disagreement can make a person with TS react in a totally inappropriate manner. Shouting, hitting and throwing things are common behaviors at these times. Any small discussion can become a confrontation and escalate alarmingly.

Commonalities in TS Sufferers -Tourettes is a wide-ranging and bizarre disorder. There is no standard symptom of onset or rate of progression. The only certainties in TS are:

- whatever the tic, it will be inappropriate;
- tics can be suppressed for a time, depending on the individual, but the longer the suppression, the greater the tic when released;
- tics disappear in times of total concentration (i.e. an artist or surgeon who has TS does not tic when involved in the intricacies of his/her work);
- tics change in severity and type over time; and,
- stress will always make the Tourette TIC worse.

Implications/Conclusion

TS people suffer total isolation all of their lives - tormented as school children, abused and insulted as adults. Most people with TS have never been diagnosed as such. Those who have been, have gone from doctor to doctor for an average of ten years before they were told about TS. Thousands of people with TS have never been able to go to a movie, a concert or a play. Many have never dared to dine in a restaurant. All have suffered psycho-social abuse along the way.

The best way for an officer to deal with someone with TS is to reduce levels of stress as well as any confrontational situations (i.e. an officer out of uniform will usually have better results). It is important to try to ignore the typical TS behaviors, even the swearing and anger, and not be drawn into further confrontation. To talk about the person’s TS with some degree of understanding also reduces stress and improves lines of communication. Most of all, compassion helps.