



Voluntary/Involuntary Transports

Learning Outcomes

NYPD

- **Understand effective Crisis Communication to assist with voluntary transports**
- **Recognize Legal Authority and Department policy involving involuntary transports**
- **Understand NYS MHL §9.58**
- **Understand NYS MHL §9.41**
- **Recognize situations that may necessitate the involuntary transport of an individual who is mentally ill and a danger to self, others, or incapable of self care**



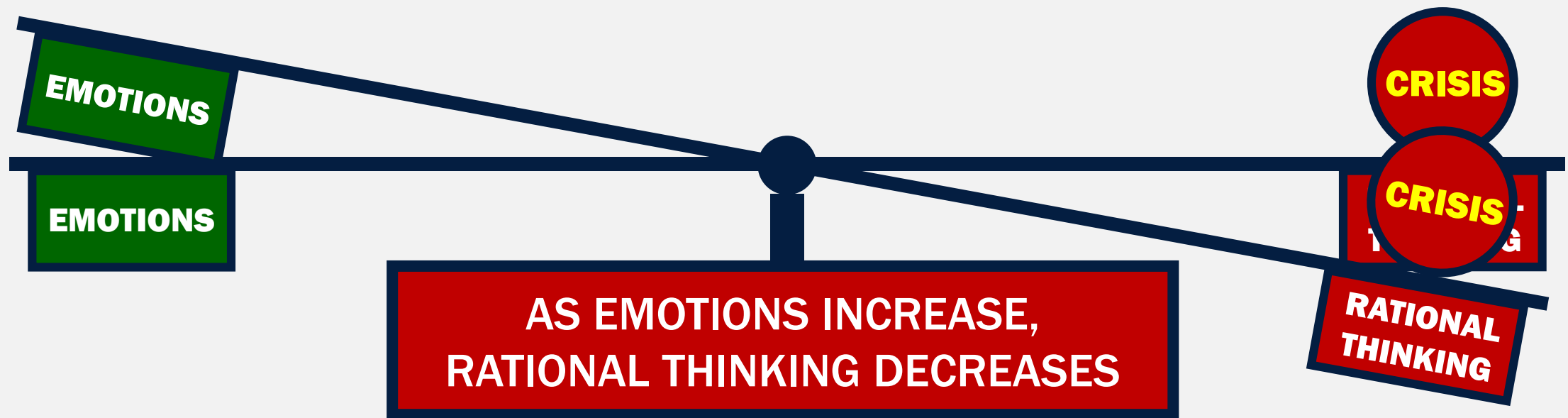
**ACTIVATE BWC
PRIOR TO
ENGAGING IN ANY
POLICE ACTION**

Voluntary Transports

NYPD

UMOS COME ACROSS INDIVIDUALS IN CRISIS ON A DAILY BASIS

A crisis happens as a result of a stressful event (critical incident) that interferes with an individual's ability to manage their response



NYPD
Command Level Training

Voluntary Transports

NYPD



**OUR GOAL SHOULD ALWAYS BE TO HAVE
THE INDIVIDUAL VOLUNTARILY SEEK
THE PHYCIATRIC/MEDICAL RESOURCES
THEY NEED TO HELP THEMSELVES**

BEHAVIORAL CHANGE

INFLUENCE

RAPPORT


EMPATHY

ACTIVE LISTENING



NYPD
Command Level Training

PATROL GUIDE
221-13



PATROL GUIDE

Section: Tactical Operations		Procedure No: 221-13	
MENTALLY ILL OR EMOTIONALLY DISTURBED PERSONS			
DATE ISSUED: 09/10/20	DATE EFFECTIVE: 09/10/20	REVISION NUMBER:	PAGE: 1 of 7

PURPOSE

To safeguard a mentally ill or emotionally disturbed person who does not voluntarily seek medical assistance.

SCOPE

The primary duty of all members of the service is to preserve human life. The safety of all persons involved is paramount in cases involving emotionally disturbed persons. If such person is dangerous to himself or others, force may be used when it is reasonable to prevent serious physical injury or death. Members of the service will use only the reasonable force necessary to gain control or custody of a subject. When there is time to negotiate, all the time necessary to ensure the safety of all individuals will be used.


DEFINITIONS

EMOTIONALLY DISTURBED PERSON (EDP) - A person who appears to be mentally ill or temporarily deranged and is conducting himself in a manner which a police officer reasonably believes is likely to result in serious injury to himself or others.

ESTABLISHING/MAINTAINING FIREARMS CONTROL - Uniformed members of the service (UMOS) will not discharge firearms against a person except to protect UMOS and/or the public from imminent serious physical injury or death. Utilize situational awareness to recognize and take immediate action to communicate and correct tactical concerns related to the use of firearms. Ensure muzzle and trigger finger discipline at all times. When possible, avoid crossfire situations and mass reflexive response while maintaining distance and cover from the threat(s).

CROSSFIRE - The unintentional placement of any person, including members of the service and bystanders, who are not the lawful subject of deadly physical force, in a position where they may be injured as the result of a firearms discharge. When faced with a threat of deadly physical force, members of the

NYS MHL
9.41



The New York State Senate

SECTION 9.41
Emergency assessment for immediate observation, care, and treatment; powers of certain peace officers and police officers
Mental Hygiene (MHY) CHAPTER 27, TITLE B, ARTICLE 9

* § 9.41 Emergency assessment for immediate observation, care, and treatment; powers of certain peace officers and police officers.


(a) Any peace officer, when acting pursuant to his or her special duties, or police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department may take into custody any person who appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious harm to the person or others. Such officer may direct the removal of such person or remove him or her to any hospital specified in subdivision (a) of section 9.39 of this article, or any comprehensive psychiatric emergency program specified in subdivision (a) of section 9.40 of this article, or pending his or her examination or admission to any such hospital or program, temporarily detain any such person in another safe and comfortable place, in which event, such officer shall immediately notify the director of community services or, if there be none, the health officer of the city or county of such action.

(b) A person otherwise determined to meet the criteria for an emergency assessment pursuant to this section may voluntarily agree to be transported to a crisis stabilization center under section 36.01 of this chapter for care and treatment and, in accordance with this article, an assessment by the crisis stabilization center determines that they are able to meet the service needs of the person.

* NB Effective until July 1, 2024
* § 9.41 Emergency admissions for immediate observation, care, and treatment; powers of certain peace officers and police officers.

Any peace officer, when acting pursuant to his special duties, or police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department may take into custody any person who appears to be mentally ill and is conducting himself in a manner which is likely to result in serious harm to himself or others. "Likelihood to result in serious harm" shall mean (1) substantial risk of physical harm to himself as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that he is dangerous to himself, or (2) a

NYS MHL
9.58



The New York State Senate

SECTION 9.58
Transport for evaluation; powers of approved mobile crisis outreach teams
Mental Hygiene (MHY) CHAPTER 27, TITLE B, ARTICLE 9

§ 9.58 Transport for evaluation; powers of approved mobile crisis outreach teams.

(a) A physician or qualified mental health professional who is a member of an approved mobile crisis outreach team shall have the power to remove, or pursuant to subdivision (b) of this section, to direct the removal of any person who appears to be mentally ill and is conducting themselves in a manner which is likely to result in serious harm to themselves or others, to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 or section 31.27 of this chapter or where the team physician or qualified mental health professional deems appropriate and where the person voluntarily agrees, to a crisis stabilization center specified in section 36.01 of this chapter.


(b) If the team physician or qualified mental health professional determines that it is necessary to effectuate transport, he or she shall direct peace officers, when acting pursuant to their special duties, or police officers, who are members of an authorized police department or force or of a sheriff's department, to take into custody and transport any persons identified in subdivision (a) of this section. Upon the request of such physician or qualified mental health professional, an ambulance service, as defined in subdivision two of section three thousand one of the public health law, is authorized to transport any such persons. Such persons may then be evaluated for admission in accordance with the provisions of section 9.27, 9.39, 9.40 or other sections of this article, provided that such admission decisions shall be made independent of the fact that the person was transported pursuant to the provisions of this section and, provided further, such transport shall not create a presumption that the person should be involuntarily admitted to a hospital.

(c) The commissioner shall be authorized to develop standards, in consultation with the commissioner of the division of criminal justice services, relating to the training requirements of teams established pursuant to this section. Such training shall, at a minimum, help to ensure that the provision of crisis and emergency services are provided in a manner which protects the health and safety and respects the individual needs and rights of persons being evaluated or transported pursuant to this section.

(d) As used in this section:

Legal Authority: MHL §9.58

NYPD



The New York State Senate

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(d) As used in this section:

(1) "Approved mobile crisis outreach team" shall mean a team of persons operating as part of a mobile crisis outreach program approved by the commissioner of mental health, which may include mobile crisis outreach teams funded pursuant to section 41.55 of this chapter.

(2) "Qualified mental health professional" shall mean a licensed psychologist, registered professional nurse, licensed clinical social worker or a licensed master social worker under the supervision of a physician, psychologist or licensed clinical social worker.



CLINICIAN AS PART OF A MOBILE CRISIS OUTREACH TEAM

A clinician working as part of a Mobile Crisis Outreach Team may mandate that an individual be involuntarily transported to a hospital by police



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Legal Authority: NYS MHL §9.58

NYPD



**A CLINICIAN AS PART OF A MOBILE CRISIS
OUTREACH TEAM MUST HAVE:
9.58 ID CARD AND SIGNED OMH 482 FORM**

**1. Take picture
of Clinician 9.58
Card and Signed
OMH 482 Form
and attach to
your Digital
Activity Log.**

**2. Ensure
individual stays
on scene.
Request EMS
transport and
ride in back of
ambulance.**

**3. The Clinician
will explain basis
of transport to
hospital staff.**

**4. Remain with
individual until
registered with ER
staff, unless violent.**

**5. Complete
Aided Report
and Digital
Activity Log
entry.**

**UMOS WILL ONLY FACILITATE TRANSPORT UNDER NYS MHL §9.58
IF THE CLINICIAN SIGNS THE OMH 482 FORM**

Legal Authority: NYS MHL §9.58

NYPD

When UMOS transports an individual involuntarily to a hospital for psychiatric evaluation or medical attention:

UMOS will return to patrol once the individual is registered with ER staff as a patient, unless the person is exhibiting violent behavior such as:

- Spitting
- Fighting
- Threatening to harm Self or Others



**UMOS WILL ONLY FACILITATE transport UNDER NYS MHL §9.58
IF THE CLINICIAN SIGNS THE OMH 482 FORM**

Legal Authority: NYS MHL §9.58

NYPD

Form OMH 482 (5-11) State of New York Office of Mental Health

MOBILE CRISIS OUTREACH TEAM AUTHORIZATION FOR TRANSPORT
(To a Hospital Approved to Receive Emergency Or C.P.E.P. Emergency Admissions)
Section 9.58 Mental Hygiene Law

Recipient's Name (Last, First, M.I.) C/ID No.
Gender Date of Birth
Program Name Location

I, _____, am a (strike one) physician/qualified mental health professional* who is a member of a mobile crisis outreach team operating as a part of a mobile crisis outreach program approved by the State Commissioner of Mental Health.
I have observed _____ and am of the opinion that this person:
(NAME OF PERSON)
1. appears to be mentally ill; and
2. is conducting himself or herself in a manner which is likely to result in serious harm to the person or others.
"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), 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.

I hereby acknowledge that I am removing this person to _____ for the purpose of evaluation for admission. Participating with me in this removal are the following mobile crisis outreach team members: _____
OR
I hereby direct, under the Mental Hygiene Law, that peace/police officers of _____ (DEPARTMENT/LOCALITY) Take this person into custody and transport him or her to _____ (NAME OF §9.39 HOSPITAL/C.P.E.P.)
Purpose of evaluation for admission: _____
OR
I hereby request, under the Mental Hygiene Law, that _____ (NAME OF AN OUTPATIENT SERVICE) Transport this person to _____ (NAME OF §9.39 HOSPITAL/C.P.E.P.)
The purpose of evaluation for admission: _____

Signature of Physician or Qualified Mental Health Professional
Richard Wagner
Mo. Day Yr. Hr. Min. ☐ AM ☐ PM

*Qualified mental health professional means a licensed psychologist, a registered professional nurse, a licensed clinical social worker, or a licensed master social worker (under the supervision of a physician, psychologist or a licensed clinical social worker), who is approved by the Commissioner of OMH to serve in a mobile crisis outreach program.
**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.

ENSURE OMH 482 FORM IS SIGNED BY CLINICIAN

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TEMPORARY ACCESS



Dr. Theodore Roosevelt

9.58 DESIGNATION

9.58 Designation CLINICIAN

Expiry Date: 12/15/2022




CLINICIAN MUST SHOW 9.58 ID CARD

TAKE A PICTURE OF OMH 482 FORM AND CLINICIAN'S 9.58 ID CARD WITH DEPARTMENT PHONE AND UPLOAD INTO DIGITAL ACTIVITY LOG

Legal Authority: MHL §9.41

NYPD



The New York State Senate

SECTION 9.41

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* NB Effective July 1, 2024



POLICE OFFICER INVOLUNTARY TRANSPORT PROCESS

UMOS may conduct involuntary transports of individuals to a hospital for evaluation when an individual is exhibiting symptoms of mental illness and is acting in a manner likely to result in serious harm to self, others, or incapable of self care



Police Officers may involuntarily transport an individual to a hospital for evaluation when an individual is exhibiting signs of mental illness

AND



OR



OR



Legal Authority: MHL §9.41

NYPD



Mental Illness Factors

BEHAVIORS

- Unawareness of people or surroundings
- Aggressive posturing (attempting to punch or attack others)
- Disorganized, non-goal directed behavior (talking illogically to oneself)

THOUGHT CONTENT

- Ideations: suicidal or homicidal
- Delusions: fixed, false, firmly held beliefs not aligning with reality
- Obsessions: intrusive, unwanted, recurring
- Phobias: excessive fears of specific things

SPEECH

- Disconnected, illogical statements
- Rapid and uninterruptable
- Incoherent
- Keeps repeating self inappropriately



NYPD
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**Mental
Illness
Factors
+
SERIOUS
HARM**

Signs of **Mental Illness** + actions or inactions that pose a **substantial risk of physical harm to one's self or others** may allow UMOS to involuntarily transport an individual to a hospital for psychiatric/medical evaluation.

The risk of physical harm does not have to be imminent, so long as it is real and present.



**Mental
Illness
Factors
+
INABILITY TO
CARE FOR
SELF**

Signs of **Mental Illness + inability to care for one's self** may allow UMOS to involuntarily transport an individual to a hospital for psychiatric/medical evaluation.

EXAMPLES OF SIGNS AN INDIVIDUAL CANNOT CARE FOR SELF:

- Strong smell of:
 - Feces
 - Ammonia (long term effects of urine on clothing/skin without washing)
 - Rotting flesh
- Extreme swelling of legs/feet
- Untreated wounds
- No shoes
- Makeshift crutch/cast
- Malnourishment
- Presence of bugs on body
- Exposed skin during cold weather alert

WHEN THESE SIGNS ARE LIKELY TO LEAD TO DEATH OR SERIOUS INJURY

Legal Authority: MHL §9.41

NYPD



**Process of
Involuntary
transport
to Hospital**

Determine that an individual must be involuntarily transported to a hospital. Ensure individual remains on scene.



Request EMS assistance.
Ride in back of ambulance to hospital.
Complete Aided Report and digital Activity Log entries.



Provide hospital with details of involuntary transport.



Remain with individual until registered with ER staff, unless violent.

**NYC
HEALTH+
HOSPITALS**

COMPLETE AIDED REPORT AND DIGITAL ACTIVITY LOG ENTRIES BEFORE GOING 98.

When UMOS transports an individual involuntarily to a hospital for psychiatric evaluation or medical attention:

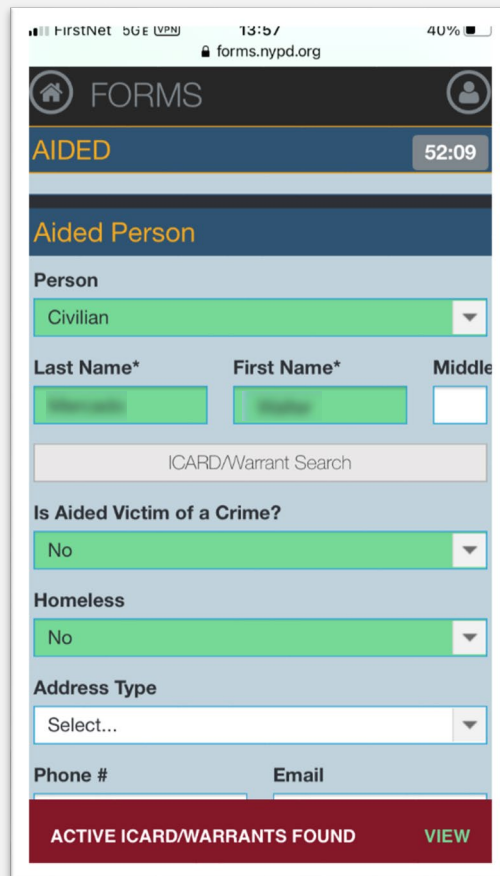
UMOS will return to patrol once the individual is registered with ER staff as a patient, unless the person is exhibiting violent behavior such as:

- **Spitting**
- **Fighting**
- **Threatening to harm Self or Others**

HOSPITALS

Running Aided Cards for ICards & Warrants

NYPD



The screenshot shows the 'FORMS' app interface on a mobile device. The status bar at the top indicates 'FIRSTNet 5G E (V2M)', '13:57', and '40%' battery. The app header shows 'FORMS' with a home icon and a user profile icon. Below the header, there's a section titled 'AIDED' with a timer '52:09'. The main section is 'Aided Person'. It includes a 'Person' dropdown menu set to 'Civilian'. Below this are input fields for 'Last Name*', 'First Name*', and 'Middle'. A search bar labeled 'ICARD/Warrant Search' is present. There are two dropdown menus: 'Is Aided Victim of a Crime?' set to 'No' and 'Homeless' set to 'No'. An 'Address Type' dropdown menu is set to 'Select...'. At the bottom, there are input fields for 'Phone #' and 'Email'. A red banner at the very bottom of the app interface reads 'ACTIVE ICARD/WARRANTS FOUND' with a 'VIEW' button.

Warrant checks are automatically performed when aided's pedigree information is inputted into the digital Aided Card on FORMS.
Warrant Checks must be conducted before leaving the hospital.



NYPD
Command Level Training

Frisk and Possible Search under MHL §9.41 and §9.58

NYPD

When UMOS has an individual involuntarily transported to a hospital for psychiatric or medical evaluation under MHL §9.41 or §9.58, the UMOS may:

- Frisk the individual for safety
- Frisk the individual's bags for safety
- Search the individual/bag if during frisk UMOS feels an object they reasonably suspect is a weapon or dangerous instrument (e.g. a hard, heavy metal object in the shape of a firearm)



Scenario #1

NYPD

SCENE



Police Officers Toody and Muldoon are assigned to 42 Sector Adam on the First Platoon. They respond to a call from Department of Homeless Services, and are met by a Mobile Crisis Outreach Team on the corner of Boston Road and East 169 Street. Paul Block, a clinician with the team, tells the officers that the man they are talking to lives in a nearby subway station and cannot walk due to extreme swelling of his legs and feet. Mr. Block states that the individual must be involuntarily placed into custody for a psychiatric evaluation at a hospital.

What is the most correct course of action for Officers Toody and Muldoon to take?

Scenario #1

NYPD

RESPONSE

**REMEMBER TO UPLOAD
PICTURES OF
CLINICIAN'S 9.58 CARD
AND OMH 482 FORM
INTO DIGITAL ACTIVITY
LOG**

Officers Toody and Muldoon will activate their Body Worn Cameras and request Mr. Block's Clinician 9.58 Card and signed OMH 482 Form, before requesting the response of EMS. They will ensure that the individual does not leave the scene pending arrival of EMS. One officer will ride in the back of the ambulance to the hospital with the individual. Mr. Block (the clinician) will explain to hospital staff why the individual was taken to the hospital.

The officers must complete an Aided Card in FORMS and articulate the reason the individual was involuntarily transported to a hospital in the narrative section, and complete Digital Activity Log entries.

The officers should return to patrol after the individual is registered with hospital staff.

Scenario #2

NYPD

SCENE



Police Officers Ramathorn and Farva are on patrol as Sector Boy in the confines of the 33 Precinct on the Second Platoon. They observe a man standing on the corner of Broadway and West 178 Street with a sign, panhandling. When approached, the man states he is homeless, but he does not want any services.

What is the most correct course of action for Officers Ramathorn and Farva to take?

Scenario #2

NYPD

RESPONSE

As the homeless man is not demonstrating signs of mental illness and is not a threat to himself or others, it is most correct for Police Officers Ramathorn and Farva to activate their Body Worn Camera and offer the man a NYC Well Palm Card.





Talk 1-888-NYCWELL
(1-888-692-9355)

Text WELL to 65173*

Chat nyc.gov/nycwell

Support and connection to resources for concerns like depression, anxiety and drug or alcohol misuse.
Free, confidential, 24/7.

Texting and live chat services are available in English, Spanish and Chinese.
For services in other languages, please call 1-888-692-9355.
*Standard text messaging rates may apply based on individual plans.

NYC WELL PALM CARD PD 154-181 (04-18)



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Scenario #3

NYPD

SCENE



Police Officers Slater and Michaels are assigned to Transit District 30 as Sector Boy. At Church Avenue they observe a man stretched out occupying four seats on the 2 Train, yelling loudly at every train stop that he will hurt anyone who comes near him. He also continuously mutters to himself unintelligibly while punching his fists in the air.

What is the most correct course of action for Officers Slater and Michaels to take?

Scenario #3

NYPD

RESPONSE



Police Officers Slater and Michaels will activate their Body Worn Cameras and remove the individual from the train (*note that the individual is also in violation of Transit Rules*). They will request the response of EMS and ensure that the individual does not leave the scene. At least one officer will ride in the back of the ambulance with the individual to the hospital. Once in the ER, the officer will explain to the triage nurse the reason the individual was taken to the hospital.

As the individual exhibited violent behaviors, the officer will remain with the individual until he is admitted, discharged, or turned over to Health & Hospitals Police.

The officers must complete an Aided Card in FORMS and articulate the reason the individual was involuntarily transported to a hospital in the narrative section, and complete Digital Activity Log entries.

Scenario #4

NYPD

SCENE



Police Officers Riggs and Cruz are on patrol in the Baisley Park Houses in the confines of PSA9. They observe a woman in front of 164-01 Foch Boulevard wearing a tank top and slippers sitting on the sidewalk muttering to herself incoherently. The temperature is in the low 30's, but is expected to drop below freezing later in the day. In her ramblings, the woman indicates that the street is her home and she only likes to wear her beach outfit.

What is the most correct course of action for Officers Riggs and Cruz to take?

Scenario #4

NYPD

RESPONSE



The individual appears to lack the ability to care for herself as she is dressed inappropriately for the weather, which can cause a danger of hypothermia. Her condition indicates mental illness as she is muttering incoherently, and she appears to be disoriented. Officers Riggs and Cruz would be most correct to activate their Body Worn Cameras (if not already activated). They will request the response of EMS and ensure that the individual does not leave the scene.

At least one officer will ride in the back of the ambulance with the individual to the hospital. Once in the ER, the officer will explain to the triage nurse the reason the individual was taken to the hospital. The officers should return to patrol after the individual is registered with hospital staff.

The officers must complete an Aided Card in FORMS and articulate the reason the individual was involuntarily transported to a hospital in the narrative section, and complete Digital Activity Log entries.

Scenario #5

NYPD

SCENE



Police Officers Gamble and Hoitz are assigned to 123 Sector Boy, and conduct a wellness check at 144 Sprague Ave. When they arrive they are met by a man who is living in a messy house but appears reasonably groomed. The man claims to not need help, though he states he was just released from the hospital after aliens abducted him.

What is the most correct course of action for Officers Gamble and Hoitz to take?

Scenario #5

NYPD

RESPONSE



Police Officers Gamble and Hoitz will activate their Body Worn Cameras (if they have not already done so). The man is exhibiting signs of mental illness, but is not a threat to himself or others, and does not appear to be unable to take care of himself. Therefore, Officers Gamble and Hoitz MAY NOT involuntarily transport the individual for a psychiatric evaluation. The officers will offer the man a NYC Well Palm card and explain that services are available to help him in case he changes his mind.



DURING TIMES OF GREAT CHALLENGE

WE ARE HERE FOR YOU



888-COPS-COP

646-610-6730

212-473-2363

**TEXT BLUE TO
741741**

