ABOUT THIS VIDEO

The goal of this training program is to prepare California law enforcement professionals for the response, recognition, and investigation of people suffering a mental health crisis. Upon completion of this training program, officers will have a greater understanding of the laws covering mental health, identify common factors affecting those suffering from mental health emergencies, and be better prepared to conduct a mental health investigation.

This training will assist with going beyond simply identifying someone having a mental health crisis and taking them to a mental health facility. Officers will recognize their important role in aiding persons affected by mental health crises and how to best handle these calls to avoid unnecessary return calls and reduce the potential for confrontations. Although peace officers must often investigate these calls for service, having a mental health issue is NOT a crime.

GUIDE CONTENTS

The facilitator should preview all video and guide materials in this course and be prepared to provide information on resources available locally to the participants. The conclusion of the facilitated discussions should focus on resources available for affected personnel and any specific agency policies related to the subject.

Video Viewing Options and Features
Describes how the training video is formatted and organized on screen and provides navigation instructions for facilitators or individual viewers. The video may be viewed in a single training session or broken up into shorter segments.

Program Overview
Lists the main teaching points and provides general information that is examined in greater detail within each scenario.

Scenarios
Each scenario features a brief overview and Key Learning Points to assist with quick review of the material during presentation. The Suggested Facilitation Questions and Common Responses are designed for use in a traditional training session where more time is available to explore the subject in depth. Suggested Learning Activities are also included to aid facilitators in providing more meaningful training in small group settings (roll-call or squad training).

Participant’s Guide Answer Key
A completed version of the Participant’s Guide self-assessment is provided at the end of this guide. This answer key provides the facilitator with necessary information to evaluate the participant’s completed self-assessment, which must be reviewed with the designated training manager or supervisor for the participant to receive training credit.
VIDEO VIEWING OPTIONS AND FEATURES

Two different viewing options are offered with this training video: FACILITATED GROUP COURSE or INFORMATIONAL/INDIVIDUAL VIEWING.

FACILITATED GROUP COURSE

The Facilitated Group Course option should be selected when the video is being used in a classroom or briefing setting. The material may be delivered in a single session or broken up over several days, such as delivery during briefing or roll call. The material is divided into tabbed sections that the facilitator may play in whatever order they feel best meets the training need (see Navigating the Video section below). Once the material has been covered in its entirety, the instructor, supervisor, or training manager (as designated by the department) may submit a completed training roster via POST EDI for CPT credit for participants.

INFORMATIONAL / INDIVIDUAL VIEWING

The Informational/Individual Viewing option should be selected when a participant is viewing the video alone or without an instructor or supervisor present to facilitate the delivery of the material. This option should not be used in a group training session. This option is intended for participants who work in a remote location, for a smaller agency that cannot readily access group training, or for an officer who is simply interested in viewing the video for informational purposes. The segment order is preset, and the viewer will be guided through the video without live facilitator interaction.

At the discretion of the department-designated training manager or supervisor, participants of the Informational/Individual Viewing mode may receive CPT credit for viewing this video. To receive credit, individual viewers must be provided with the Participant’s Guide (pdf). The individual watches the video and reviews and completes the Participant’s Guide assessment as they follow along. The training manager or supervisor then facilitates a discussion of the video and assesses the participant’s responses using the Participant Assessment Answer Key provided at the end of this guide. If the facilitator is satisfied that the participant has demonstrated an understanding of the concepts of the video, they may submit a completed POST Course Roster via EDI for CPT credit.

Facilitators should contact POST’s Training Delivery and Compliance Bureau at (916) 227-7748 or their POST Regional Consultant for questions about completing and submitting POST Course Rosters via POST EDI for training video completion.
NAVIGATING THE VIDEO

In the Facilitated/Group Viewing mode, on-screen tabs appear across the bottom of each section of the video and allow the facilitator to select the order the participants will view the information. By default, the information will flow logically when the tabs are selected in order from left to right (automatically flows in this order in the Informational/Individual Viewing mode). Once a facilitator is familiar with the content, they may find it more comfortable to deliver the material in an order of their own choosing.

**SCENARIO**

*Scenario* tabs appear at the start of each section and indicate a video scenario that is used for that section.

**TASK**

*Task* tabs appear after scenarios or discussion tabs and are simply on-screen questions or statements available to use for group discussion.

**DISCUSSION**

*Discussion* tabs appear after each scenario. They show a sample agency facilitation of the scenario in a briefing setting. They are optional. If the facilitator feels comfortable delivering and facilitating discussion of the Key Learning Points of the material, they may do so on their own. If they are not certain about the learning points or their own facilitation skills, they may either view the sample facilitation in advance to become familiar with the material or show the Discussion to the class to help spur further discussion.

**INTERVIEW**

*Interview* tabs appear after Task questions. These are interviews with the Subject Matter Experts who provide additional discussion on the material. This commentary contains more information than what is delivered in the scenarios.

**MENU**

Selecting the *Menu* tab at the bottom right of the screen will take the viewer from the specific section they are in and return them to the Main Menu of the video where all sections are listed.
PROGRAM OVERVIEW & SUPPORTING INFORMATION

In the past, officer safety training and mental health training were usually addressed separately. But law enforcement and mental health professionals now understand the need to bring the two concerns together. Over the years, agencies have seen an increase in more calls involving alcohol abuse, narcotics abuse and mental health crises. Some officers may believe that mental health is not their job and that it is merely a drain on resources. However, if the essence of “real” police work is to help others, then law enforcement must address this growing crisis in California.

Law enforcement’s mission is to protect and serve, which includes managing incidents involving mental illness. The goal of this training is to prepare officers to resolve these issues through their commitment to public safety and helping anyone in need— including people in the midst of a mental health crisis.

It is frequently assumed that the homeless population makes up most of calls involving mental illness. However, agencies have discovered that the majority of the calls occur in a caregiver environment: those living in a facility, a care home, or living with family.

Of course, the benchmark for patrol officers is whether the person is a danger to self, a danger to others, or gravely disabled. But these criteria and their symptoms must be the result of a mental disorder, and not narcotics abuse or other factors. Once this basis is established, the need for good report writing remains. Committing a person for evaluation based on them being “a danger to self” must be supported with documentation of the facts that corroborates this opinion. Mental health investigations are like any other investigation and require time, good decision-making, and excellent report writing skills.

During initial assessments, it can be difficult at times to determine if one is dealing with mental illness or narcotics abuse. There is no real benefit in taking someone suffering a mental health crisis to jail, just like there would be no benefit in taking someone under the influence of narcotics to a mental health facility. Proper assessments during the investigation are critical in ensuring sound resolutions and appropriate treatment are obtained.

5150 WIC - When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer... may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services.

One of the frequent misconceptions about individuals suffering from a mental illness crisis is that they are non-compliant. In such cases, it is assumed that they do not want to take their medications and, if they would take medications, they would be okay. Many medications have serious side effects that may cause those with mental health-related conditions to additionally self-medicate with drugs or alcohol.
Peace officers are granted great authority with their ability to detain people against their will and take them for treatment (psychiatric evaluation). With the enormous pressure to have perfect outcomes, officers should slow down and seek the best remedy for those involved, which often also results in the reduced need for return calls.

This training program addresses the following topics:

- Legal Guidelines and Liability
- Initial Contact and Observation
- Investigation and Assessment
- Information and Documentation
- Weapons Confiscation
- Final Thoughts

Assembly Bill 392

Enacted on January 1, 2020, AB 392 was created to address use of force issues facing peace officers statewide. This law states that people suffering a mental health crisis (or other disorders and disabilities) are more likely than most, for a number of reasons, to find themselves in a position to be the subject of law enforcement use of force.

Section 5 states, in part, that...“a peace officer shall not use deadly force against a person based on the danger that person poses to themselves, if an objectively reasonable officer would believe the person does not pose an imminent threat of death or serious bodily injury to the peace officer or to another person.”

Agencies will have their own interpretation of this section and how it relates to the successful resolution of various calls, but California peace officers should be thoroughly familiar with use of force laws and their agency’s policy and procedures regarding the use of force. Questions and clarification regarding local policy or legal interpretations should be directed to the appropriate agency representative, as there are likely to be amendments and additional legislation related to this statute.
SCENARIO 1 – LEGAL GUIDELINES AND LIABILITY

Officers are dispatched to a “check the welfare” call where the reporting party says his sister is having possible mental illness issues. While enroute, the officers discuss 5150 WIC criteria and the LPS Act. Upon arrival, the officers contact the female occupant and a short time later her brother arrives. The brother tells them that his sister is bipolar, has been hospitalized in the past for attempting suicide, and goes for long periods of time without eating or sleeping. Inside the house the officers discover mail delivery boxes everywhere and many water bottles strewn about. The trash can is empty and the refrigerator is bare.

Officers respond to calls involving people suffering from mental health issues to:
- Help those in need of outside assistance
- Protect individuals from hurting themselves or others
- Ensure resources are made available to those for whom it is difficult to care for themselves

Officers are required to investigate and go beyond just taking someone at their word (in this case, there was credible third-party information that the officers were able to corroborate).

Investigations may reveal:
- Use of narcotics that can confuse the situation
- Compulsive shopping
- Loss of house
- Loss of income
- Risky sexual behavior
- If there is prescribed medication and if it is being taken
- If there are any future doctor appointments
- Prior commitments
- Ability to care for self through questioning (e.g., “Where are you getting your next meal?”)

Mental illness crosses every ethnic and socio-economic class and affects the homeless, the middle class, and the rich. Some individuals have rather creative excuses for their behavior, especially if they have prior contacts with law enforcement.

People with bipolar disorders may have periods of high energy, grandiose claims of celebrity or fame status, and then periods of depression.

Peace officers do not have to diagnose a mental health disorder but do need to articulate and document observations so that a mental health professional may diagnose.

Reporting parties are a valuable source of information. Witness interviews and investigations for mental health incidents warrant the same efforts as robbery or assault investigations.
KEY LEARNING POINTS CONTINUED

SCENARIO 1 – LEGAL GUIDELINES AND LIABILITY

An often helpful investigative tip when encouraging a subject to open up to you is to simply say, “Tell me more.”

The Lanterman-Petris-Short (“LPS”) Act

Provides for the involuntary commitment and treatment of persons with specified mental disorders for their protection. Under the Act, when a person, as a result of mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody by a peace officer...and placed in a facility...for 72-hour treatment and evaluation.

5150.05 WIC states, in part:

(a) When determining if probable cause exists to take a person into custody...any person who is authorized to take that person into custody pursuant to that section shall consider available relevant information about the historical course of the person’s mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder (Credible third-party information).

(c) If the probable cause in subdivision (a) is based on the statement of a person other than the one authorized to take the person into custody pursuant to Section 5150...the person making the statement shall be liable in a civil action for intentionally giving any statement that he or she knows to be false.

5150.1 WIC states, in part:

No peace officer seeking to transport, or having transported, a person to a designated facility for assessment under Section 5150, shall be instructed by mental health personnel to take the person to, or keep the person at, a jail solely because of the unavailability of an acute bed, nor shall the peace officer be forbidden to transport the person directly to the designated facility.

Whenever a person, who has been detained or apprehended for examination of his or her mental condition or who is a person described in Section 8100 or 8103, is found to own, have in his or her possession or under his or her control, any firearm whatsoever, or any other deadly weapon, the firearm or other deadly weapon shall be confiscated by any law enforcement agency or peace officer, who shall retain custody of the firearm or other deadly weapon. Upon confiscation of any firearm or other deadly weapon from a person who has been detained or apprehended for examination of his or her mental condition, the peace officer or law enforcement agency shall issue a receipt describing the deadly weapon or any firearm and listing any serial number or other identification on the firearm and shall notify the person of the procedure for the return, sale, transfer, or destruction of any firearm or other deadly weapon which has been confiscated.

Continued
SCENARIO 1 – LEGAL GUIDELINES AND LIABILITY

The Emergency Medical Treatment and Active Labor Act ("EMTALA")

Requires Medicare-participating hospitals with emergency departments to screen and treat the emergency medical conditions of patients in a non-discriminatory manner to anyone, regardless of their ability to pay, insurance status, national origin, race, creed or color.

5600.1 WIC (The Bronzan-McCorquodale Act)

States that the mission of California's mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.
### SCENARIO 1 – LEGAL GUIDELINES AND LIABILITY

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the woman meet the criteria under 5150 WIC?</td>
<td>Yes</td>
</tr>
<tr>
<td>If so, for which reason(s)?</td>
<td>Danger to self</td>
</tr>
<tr>
<td></td>
<td>Gravely disabled</td>
</tr>
<tr>
<td>Is letting her leave with her brother a viable option?</td>
<td>Yes, if both parties are willing</td>
</tr>
<tr>
<td>Where would you suggest he take her?</td>
<td>If she has had prior contact with a mental health professional, he could try to secure an appointment for her</td>
</tr>
<tr>
<td></td>
<td>He could take her for a voluntary admit to a facility</td>
</tr>
<tr>
<td>What are the disadvantages of involving the brother?</td>
<td>She might be telling officers what they want to hear and once they leave, she could refuse to go with him or simply flee from the brother (doing so would likely result in a return call in the future)</td>
</tr>
<tr>
<td></td>
<td>If the subject meets the criteria, it is best for officers to transport and write a detailed report about their observations and credible third-party information</td>
</tr>
<tr>
<td>Does this scenario change if the brother is not present?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Without credible third-party information, there is probably not enough information to act further. If she refuses officers’ entry or to talk further, there is little more for officers to do. See below.</td>
</tr>
<tr>
<td>What did you observe in the house that corroborates what the brother said?</td>
<td>Shipping/mailing packaging</td>
</tr>
<tr>
<td></td>
<td>Water bottles</td>
</tr>
<tr>
<td></td>
<td>Empty trash can</td>
</tr>
<tr>
<td></td>
<td>Empty refrigerator</td>
</tr>
<tr>
<td>What other things/evidence might you look for or ask about?</td>
<td>Day Planner (she claimed to be a world-class yoga instructor)</td>
</tr>
<tr>
<td></td>
<td>Celebrity photos with her clients</td>
</tr>
<tr>
<td></td>
<td>Business licenses</td>
</tr>
<tr>
<td></td>
<td>Medications</td>
</tr>
</tbody>
</table>
SCENARIO 1 – LEGAL GUIDELINES AND LIABILITY

Discuss your agency policy as it relates to AB 392, signed into law and enacted January 1, 2020:

“A peace officer shall not use deadly force against a person based on the danger that person poses to themselves, if an objectively reasonable officer would believe the person does not pose an imminent threat of death or serious bodily injury to the peace officer or to another person.”
SCENARIO 2 – INITIAL CONTACT AND OBSERVATION

Deputies are dispatched to a welfare check and, by contacting the RP prior to arrival, learn that there are suicidal indicators. Upon the officers’ arrival, the wife and the subject’s father corroborate information about the subject and both confirm that he owns a weapon. The wife advises the subject gave the firearm to a friend. The husband was last seen on the computer in the home office and, with his business failing, he feels as though he is letting everyone down, which is similar to an incident he experienced in college. Backup arrives and the subject comes outside after being called by the officers using the wife’s phone. After the deputies pat him down, he confirms that the gun is gone and then the deputies search the house.

Families and friends often struggle with calling 9-1-1.

- They fear their loved one will escalate a situation and law enforcement will have to use force
- The person that they are calling for will ultimately be upset that law enforcement was called, causing a sense of betrayal.
- When they call law enforcement, they often have nowhere else to seek help

Although an officer’s time is limited, if a subject suffering a mental health crisis is willing to talk, the officer should not interrupt.

This should be handled as any another investigation; the steps are not much different than a robbery or burglary.

Be ready for emotions to escalate.

Searches of involved residences may locate information reflective of the individual’s mental state (e.g., noose, alcohol, goodbye letter, new Last Will and Testament)

Common investigative steps may include:
- Calling parents to verify information
- Checking criminal history
- Checking for registered weapons
- Separating involved parties
- Obtaining third-party statements
- Through family/friends, accounting for known weapons or other means of suicide
- Seize discovered notes/devices found
- Properly documenting all pertinent facts, statements, and evidence

Common questions for the person in focus may include:
- Have you ever been hospitalized?
- Are you taking medications and if so, for what?

Continued
**Scenario 2 – Initial Contact and Observation**

Although subjects in a mental health crisis can act completely normal, slowing down and taking time may help cause underlying mental health issues to become evident. It is extremely important to use active listening skills and treat individuals with dignity and respect.

Preplanning possible scenarios or actions to be taken at a call before arrival can help maintain the all-important officer safety.

Although making threats to kill oneself is NOT a crime, that does not mean such calls are without danger.

Disengagement is hard for law enforcement, and having printed resources ready to slide under the door may be one of the few actions available to officers.

The **Mental Health Firearms Prohibition System (MHFPS)** has information about:

- Prior mental health holds
- The attending hospital
- Reasons for the evaluation
- Date and time of the event(s)
- Whether or not the subject is prohibited from owning/possessing a firearm and for how long
SCENARIO 2 – INITIAL CONTACT AND OBSERVATION

What if the husband does not come out?
- Determine who else is in the house
- Determine who else lives in the house
- Keep in mind AB 392’s restrictions on the use of force on people only endangering themselves

Is there a CIT Officer available?
- Answer will be agency-specific

When does an officer make the decision to leave?
- The decision to walk away should never be made because of how long the situation is taking
- There needs to be a tactical reason for walking away, not time
- AB 392 and agency policy will determine if/when the officer walks away

If the officer does leave, what does the officer still need to do?
- Write a detailed report documenting their actions and reasons for them
- Other agency-specific steps

Can the officer stop the wife from re-entering the house?
- Answer will be agency-specific

Did the husband exhibit any outward or obvious signs of suicidal tendencies?
- No, there were no obvious signs
- He was calm
- He was cooperative
SCENARIO 2 – INITIAL CONTACT AND OBSERVATION

Break the class into three groups and prepare to address and answer the following questions:

- If the husband refuses to come out, are you going into the house?
- If you leave the scene, do you let the wife return to the home?
- What are you going to do if you decide to walk away?
SCENARIO 3 – INVESTIGATION AND ASSESSMENT

Officers are dispatched to a local high school on a report of someone making suicidal threats. Upon arrival, they determine that a student was agitated in class, threw a chair at another student, and mentioned suicide. When the student’s mother arrives, the officers learn that her son has been suffering from anxiety issues and seeing a counselor, but otherwise has no behavior issues. When interviewing the student, the officers learn he is upset at another classmate who was posting copies of acceptance letters from colleges on social media, which added to his own anxiety about college that is being compounded with pressure from his mother.

Being direct and to the point with questions similar to the following is often needed:
- How long have you had these thoughts?
- Have you tried to harm yourself?
- What was your plan today?
- Have you been prescribed medication?
- Have you tried drugs?

Empathy is different than sympathy. Officers usually get better responses if they gain some rapport and simply talk to people suffering through a mental health crisis.

5585 WIC states, in part, that:
- When any minor, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled and authorization for voluntary treatment is not available, a peace officer... may, upon probable cause, take, or cause to be taken, the minor into custody and place him or her in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation of minors. The facility shall make every effort to notify the minor's parent or legal guardian as soon as possible after the minor is detained.
**SCENARIO 3 – INVESTIGATION AND ASSESSMENT**

What did you notice about the officer’s demeanor?
- She sat down
- She was at his eye level
- She acknowledged his feelings
- She was calm
- She kept the mother separated

Where was the interview conducted?
- In a quiet office that was conducive to a private conversation

What was the main focus of the investigation?
- Is he a danger to self, danger to others, or gravely disabled?

What facts show the student is a danger to himself?
- The threat to commit suicide, coupled with his past attempt with pills when he was 13 years old

What facts show the student is a danger to others?
- By throwing a chair at another student, narrowly missing their head

Is the student considered gravely disabled?
- No

What questions should be asked of school personnel including teachers, counselors, SROs, and others?
- Have officers been to the school on prior calls for this student?
- Have officers had prior contact with this student?
- Have officers had prior bullying complaints with him as either victim or suspect?
- What are his interests/hobbies/clubs?

How should officers approach these types of contacts (i.e., absent threats to harm themselves or others) that are usually non-confrontational?
- Build rapport/trust quickly
- The encounter should be relaxed whenever possible
- Eye contact should be maintained between the officer and other party (not looking at someone is often perceived as not listening to them)

How can social media affect mental health, especially youth’s?
- The ability to start rumors, especially bad rumors, is easier on social media platforms
- It is difficult to stop/control
- Younger children can easily get upset when the only thing that happened is they have been “unfriended”
SCENARIO 3 – INVESTIGATION AND ASSESSMENT

After identifying three social media platforms, break the class into three groups, then:

- Assign one social media platform to each group.
- Have participants first discuss among the group their own uses of each social media platform and how the platforms could be used/misused to impact the life of school-age children. After five to ten minutes discuss their findings in class.
- Discuss potential connections between cyberbullying and cases involving suicide.
- Identify the elements that would be necessary in this scenario to cause a further investigation into cyber-bullying.
SCENARIO 4 – INFORMATION AND DOCUMENTATION

Officers are discussing a mental health call from earlier in the shift. One year later, one of the officers is called to give a deposition and discovers a report that is lacking in important detail. He then recognizes it is the wrong report. When reviewing the correct report, he finds all of the pertinent information and detail needed for the deposition, including his advisement, the name of the facility where the subject was transported, the names of witnesses, third party statements, and the fact that he confiscated the subject’s weapon.

Documentation is critical and the report should include information about:
- Reporting Parties
- What the officer saw
- What the officer heard
- The reasons for the officer’s decision to commit per 5150 WIC
- Specific relevant dates, times, and locations

The rights of patients continue even though officers have the power to deny someone their liberty, especially as may occur when taking them for treatment against their will.

5150 WIC reports are just as important as other reports and require the same attention to detail.

Therapists, mental health professionals, lawyers, and judges will likely review officers’ reports at some point, and for their decisions to be proper, the reports must be clear and thorough.

Additional individuals with knowledge and observations beyond an officer’s may provide helpful and credible third-party statements in mental health-related investigations and may include family members, witnesses, and mental health professionals.

Each call is different and has different facts and circumstances that may show there is a crime, mental illness, or both.

Both the police report and 5150 commitment report should align factually and be able to stand alone because, although both reports are necessary, they are used independently by separate systems (i.e., justice and mental health).

Specific report details often include if the subject was threatening people, witness identification and statements, mode or stated mode of threats, and specific quotes from individuals and third parties.

Reports should identify why actions or threats were dangerous rather than simply describing circumstances (e.g., Standing in the middle of the street while yelling at passing cars is not necessarily dangerous and a report would have to describe traffic, positioning, and other factors that made it dangerous).

Continued
SCENARIO 4 – INFORMATION AND DOCUMENTATION

Reports provided to medical professionals should avoid law enforcement terminology ("cop speak") and be written with clear language that non-law enforcement personnel can fully understand.

Although the 5150 WIC form provides limited space for documenting probable cause, the form should not limit the necessary details provided by officers.
SCENARIO 4 – INFORMATION AND DOCUMENTATION

SUGGESTED FACILITATION QUESTIONS AND COMMON RESPONSES

What potential reasons may explain why one officer was so harsh with the other?

- It was an FTO situation
- Unresolved issues for one or both officers
- One failed to have a good grasp of the criteria
- One had a poor experience at a previous deposition
SCENARIO 4 – INFORMATION AND DOCUMENTATION

Break the class into three groups. Give each group one of the three main criteria for a 5150 WIC commitment (i.e., danger to self, danger to others, gravely disabled).

- Have each group first identify then discuss with the class three examples of specific circumstances that meet each of the criteria.
SCENARIO 5 – WEAPONS CONFISCATION

Officers are dispatched to a welfare check where a woman is reporting her son, who has a history of mental illness, is frightening her by his paranoid belief that neighbors are spying on him. The officers arrive and talk to the mother, who confirms her son has mental illness and shares her belief that he could hurt someone.

Officers talk with the son, realize he is upset and agitated, and decide to take him into custody for psychiatric evaluation. The officers explain to his mother that her son is not under arrest, but rather, is being taken for psychiatric evaluation. The mother answers the officer’s questions about weapons by identifying a gun her late-husband gave to their son. Although the mother wants to keep the gun, the officers take custody of the weapon and give her a receipt.

Data systems may not always offer valid information:
- The weapon is an antique with no known serial number
- The weapon was a gift/keepsake from a family member or friend
- The weapon belongs to a family member or friend
- The weapon is simply not registered

Many family members and friends feel that another’s mental health issues are theirs to deal with and often only call law enforcement as a last resort.

When loved ones or friends of a person suffering from mental health issues say, “It’s different this time,” officers should consider it a red flag and pay particular attention to the details and circumstances.

The Mental Health Firearms Prohibition System (MHFPS) has information about prior 5150 holds, the attending hospital, reasons for the committal or evaluation, the date and time of the event, and whether the subject is prohibited from possessing a firearm and for how long.

8102 WIC states, in part, that: Whenever a person, who has been detained or apprehended for examination of his or her mental condition…or who is found to own, have in his or her possession or under his or her control, any firearm whatsoever, or any other deadly weapon, the firearm or other deadly weapon shall be confiscated by any law enforcement agency or peace officer, who shall retain custody of the firearm or other deadly weapon.

18100 PC – A gun violence restraining order (GVRO) is an order, in writing, signed by the court, prohibiting and enjoining a named person from having in his or her custody or control, owning, purchasing, possessing, or receiving any firearms or ammunition. A GVRO is NOT a search warrant. Once presented with the signed order, a person may be arrested for violating a court order if they refuse to produce the weapon(s).
SCENARIO 5 – WEAPONS CONFISCATION

SUGGESTED FACILITATION QUESTIONS AND COMMON RESPONSES

Why did the officers in this scenario continue to repeatedly ask about firearms?
- The son was making credible threats against identifiable victims
- Law enforcement SHALL confiscate them if the subject has access to them
- Weapons can be many things, not just firearms

If the subject threatens to stab the neighbor, do you need to seize every knife in the house?
- No, but there might be one or two knives that he might have an attachment to (i.e. – a samurai sword, a survivalist knife, a knife collection, etc.).

What considerations are needed to provide quality documentation of 5150 WIC incidents?
- Behavior
- Your own and others’ observations
- Specific quotations
- Non-medical terminology
- Receipts for any weapon(s) seized

Does AB 392 apply in this scenario?
- Is he a danger to himself?  
  No. While he is talking about the voices in his head, he makes no statements about harming himself or his mother
- Is he gravely disabled?  
  No. He has a roof over his head and his mother is providing food.
- The issue here is that he is making threats against the neighbors. Take every step to identify which neighbors are at risk.
- The verified, credible threat to harm identifiable victims nullifies the protection under AB 392.
SCENARIO 5 – WEAPONS CONFISCATION

Break the class into three groups to discuss the following. After individual group discussions, have each group provide their concerns and actions for each question.

- If you can identify the neighbors who are the target of his anger, will you contact them and warn them?
- What are the issues with leaving the gun in the care and custody of the mother, other than the fact that the law says you shall confiscate the firearm?
ABOUT THE ASSESSMENT

The Participant’s Guide Assessment is a separate document for individual viewers who wish to view the video outside a group or classroom setting and later work with the agency designated trainer or supervisor for POST CPT credit. This is not a formal testing tool. Although sample answers are listed with each question, there are sometimes additional correct answers that may be provided by the participant. All answers should be evaluated by the trainer. The answers match the video content and are listed for general guidance.

ANSWER KEY TO PARTICIPANT ASSESSMENT

Based on information in the video, most of our mental health calls for service originate everywhere except: (circle one)
- A. Those subjects living with family
- B. Those living in a board and care facility
- C. Those living in any other care-giver environment
- D. The homeless

Whenever a person who has been detained or apprehended for examination of his or her mental condition is found to own, possess or control, any firearm whatsoever, or any other deadly weapon, the firearm or other deadly weapon ________ confiscated by any law enforcement agency or peace officer. (circle one)
- A. Will be
- B. Shall be
- C. Could be
- D. Should be

Per AB 392, signed into law and enacted January 1, 2020, “A peace officer shall not use deadly force against a person based on the danger that person poses to themselves, if an objectively reasonable officer would believe the person does not pose an imminent threat of death or serious bodily injury to the peace officer or to another person.” (circle one)
- A. True
- B. False

Credible third-party statements often come from: (circle one)
- A. Family members
- B. Witnesses
- C. Mental health professionals
- D. All of the above

5585 WIC states, in part: ... When any minor, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled and authorization for voluntary treatment is not available, a peace officer... may, upon probable cause, take, or cause to be taken, the minor into custody and place him or her in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation of minors. The ________ shall make every effort to notify the minor’s parent or legal guardian as soon as possible after the minor is detained. (circle one)
- A. Peace officer
- B. School
- C. Facility
- D. Teacher

Continued
ASSESS WHAT YOU LEARNED CONTINUED

The Mental Health Firearms Prohibition System (MHFPS) has information about: (circle one)
A. Prior 5150 holds
B. The attending hospital
C. Reasons for the committal or evaluation
D. The date and time of the event
E. All of the above

The ______ Act provides for the involuntary commitment and treatment of persons with specified mental disorders for their protection. Under the act, when a person, as a result of mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody by a peace officer…and placed in a facility…for 72-hour treatment and evaluation. (circle one)
A. ABC
B. GVRO
C. LPS
D. WIC

EMTALA requires Medicare-participating hospitals with emergency departments to screen and treat the emergency medical conditions of patients in a non-discriminatory manner to anyone, regardless of their ability to pay, insurance status, national origin, race, creed, or color. (circle one)
A. True
B. False

If you decide to disengage (walk away) from one of these incidents, at the very least, you should write a report detailing: (circle one)
A. What you did
B. What actions you could not take or complete
C. Why you walked away (disengaged)
D. All of the above

18100 PC – A gun violence restraining order (GVRO) is an order, in writing, signed by the court, prohibiting and enjoining a named person from having in his or her custody or control, owning, purchasing, possessing, or receiving any firearms or ammunition. (circle one)
A. True
B. False