I. PURPOSE
A. To provide guidance to the agency in committing itself and its employees to providing quality services to people with various disabilities in compliance with the American With Disabilities Act.
B. To familiarize personnel with Departmental policy regarding the handling of individuals who are hearing impaired.
C. To familiarize sworn personnel with Department guidelines dealing with the handling of intoxicated individuals, including emergency involuntary committed, if necessary.
D. To familiarize all sworn personnel of the department with established department procedures for the handling and processing of individuals affected by mental illness, including involuntary committed if necessary.

II. DEFINITIONS
A. Qualified individual with a disability - An individual who, with or without reasonable modifications to rules, policies, practices, the removal of architectural, communication, or transportation barriers; or, the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.

B. Disability - a physical or mental impairment that substantially limits one or more of the major life activities of a person; a record of such impairment; or being regarded as having such an impairment.

C. Reasonable accommodation - includes the modification of existing facilities to make them readily accessible to individuals with disabilities; acquisition or modification of equipment; and appropriate alteration of policies.

D. A person “incapacitated” by intoxicants - An individual, as a result of the use of intoxicants, is unconscious or has impaired judgement.

E. Impaired Judgement - Incapable of realizing and making rational decisions with respect to such individual's need for treatment. Or such individual lacks sufficient understanding or capacity to make or communicate responsible decisions concerning such individual's well being.

F. Intoxication - By reason of taking intoxicants, an individual does not have the normal use of his or her physical or mental faculties, thus rendering him or her incapable of acting in the manner in which an ordinary prudent individual, in full possession of his or her faculties, using reasonable care, would act under like conditions.

G. Intoxicants - A substance that causes intoxication (alcohol or drugs).

H. Mentally ill person - Any person who is mentally impaired to the extent that such person is in need of treatment and who is dangerous to self or others, and:
   1. Lacks sufficient understanding or capacity to make responsible decisions with respect to the person's need for treatment; or
   2. The individual refuses to seek treatment. Proof of a person's failure to meet the person's basic physical needs, to the extent that the failure threatens such person's life, shall be deemed as proof that the person is dangerous to self.

I. Treatment - Any necessary services that are in the best interest of the physical and mental health of the patient and rendered by or under the supervision of a physician.

J. Treatment Facility - Any mental health clinic, psychiatric unit of a medical care facility, adult care home, physician, or any other institution or individual authorized or licensed by law to give treatment to any patient.

   1. For the purpose of this policy, treatment facilities are:
      a. The University of Kansas Medical Center.
      b. Rainbow Mental Health Facility. (in-patient, voluntary or involuntary)
      c. Wyandotte Mental Health Center Inc. (out-patient, voluntary facility)
d. Other authorized health care facility.

III. DEPARTMENT RESPONSIBILITY CONCERNING DISABLED INDIVIDUALS

A. It has been estimated that there are approximately 43 million people with disabilities in the United States. The Americans With Disabilities Act provides that departments of any state or local government may not exclude qualified individuals with disabilities from participation in any program, service, or activity. This policy addresses common police interaction with people with disabilities including those who are complainants, victims, witnesses, arrestees, members of the community who desire to participate in department-sponsored programs, people seeking information, and uninvolved bystanders.

B. No single policy or procedure can address police response to all people with disabilities. It is the intent of this order to guide employees in responding to and assisting people with disabilities with whom they will have the most contact in the performance of their duties. This policy addresses common police interaction with people with disabilities including those who are complainants, victims, witnesses, arrestees, members of the community who desire to participate in department-sponsored programs, people seeking information, and uninvolved bystanders.

C. The Department will ensure that a consistently high level of police service is provided to all members of the community including people who may require special consideration in order to access these services.

D. The Department will afford people with disabilities the same access and conduct programs, services, and employment provided to all citizens. This includes services such as first responder recognition of the nature and characteristics of various disabilities, and appropriate physical and emotional support and reasonable accommodation policies for people with disabilities who seek to access police services or who come into contact with the police. Examples include, but are not limited to:

1. recognition of symptoms and appropriate medical and emotional support for people experiencing seizures;
2. sensitivity to and appropriate physical support in aiding people who are mobility challenged;
3. access to interpreters for people with hearing or speech disabilities who have a need to communicate with police personnel;
4. other accommodations to ensure service and access to all people with visual, mental, emotional and medical disabilities including "invisible" disabilities such as diabetes, epilepsy, multiple sclerosis, loss of hearing and others.

E. The Department will provide training and information to all employees on recognition of various disabilities and the provision of appropriate police services to people with disabilities.

F. The Department shall provide training to all officers on appropriate response to both non-arrest and arrest situations involving people with disabilities.

G. The Department will provide reasonable accommodation to all qualified individuals who have a known disability.

IV. RESPONSIBILITY OF DEPARTMENT MEMBERS CONCERNING DISABLED PERSONS

A. In the performance of their duties, police officers and civilian staff will encounter people with disabilities in every possible situation. In providing police service to the public, it is incumbent on every employee to ensure that people with disabilities are afforded all rights, privileges, and access to the Department provided to those without disabilities.

B. People with disabilities may also be suspects or arrestees and require detention, transport, and processing. Officers need to use proper methods of transport, arrest, and detention to ensure officer safety while providing all reasonable support to an arrestee with a disability.

C. Officers should develop the ability to recognize the characteristics of various disabilities, including symptoms, and physical reactions.

D. Officers must recognize that responses of people with certain disabilities may resemble those of people who have abused substances such as alcohol or drugs. At times, such traits may be exhibited by people with diabetes, epilepsy, multiple sclerosis, hearing impairments, and other disabilities.

E. Officers should be able to identify and apply appropriate responses, such as notifying emergency medical service personnel, protecting and calming an individual, attempting to communicate with a hearing impaired individual by writing, securing professional medical attention, locating and enlisting support of family and friends, and rendering proper physical support.

F. Officers should apply reasonable and appropriate restraint to a person with a disability if needed to facilitate an arrest. When arresting a person with a disability, officers should be able to access the support systems necessary to secure the rights of the individual. If an interrogation is going to be conducted, this may include use of interpreters, attorneys, and legal guardians.

G. In all cases, officer safety will be the first consideration. No officer should jeopardize his or her safety or that of others in an attempt to accommodate a person with a disability.

V. ROUTINE AND EMERGENCY INTERACTION WITH DISABLED PERSONS

A. In providing routine and emergency services, equal response, support and protection will be provided to all people with disabilities. Officers will make every effort to access appropriate support organizations when needed. All Department services will be made available to people with disabilities. This includes:

1. Communications accessibility for both emergency and routine situations. All dispatchers will be trained to recognize characteristics of people whose disabilities may require special communications techniques and methods for providing service. The Public Safety Communications Center will maintain TTY (Teletypewriter) or TDD (Telecommunications Devices for the Deaf) services for deaf and hard of hearing people.

2. Access to Department programs. Crime prevention programs such as neighborhood watch programs, youth programs, in-school programs, and other programs will be made available to people with disabilities through outreach, modified program schedules, use of interpreters or other auxiliary aids
and services, and other efforts to accommodate special needs.

B. Response to Routine Calls for Service

1. Officers should be aware that people with disabilities have special needs that may have to be met in order to provide the best possible police response to calls for service. Officers should be able to identify specific needs of people with disabilities.

2. Officers should be sensitive to the fact that some people with disabilities may be targeted as crime victims as a direct result of their disability.

3. Officers should be familiar with techniques they may employ at a scene (during the initial call for service and follow-up) to provide support to people with disabilities. All reasonable steps should be taken to aid people with disabilities in bringing calls for police service to successful conclusion.

C. Response to emergency calls for service

1. Officers should be able to identify characteristics common to specific disabilities in a crisis or emergency so that appropriate action may be taken to render aid and assistance. If the person with the disability is unable to communicate, employees should seek a medical alert bracelet or similar form of ID and input from family, witnesses, and others to aid in identifying the nature of the disability.

2. As first responders, all employees should be aware of emergency medical services available to various disabilities.

D. Response to Criminal and Disruptive Behavior

1. Some people with disabilities commit crimes. Some people with disabilities also exhibit disruptive behavior.

2. Generally, people with disabilities who commit crimes or engage in disorderly conduct should receive no preferential treatment. However, disorderly conduct should not be treated as a criminal act when it is the manifestation of a disability. For example, when such conduct is the result of a seizure or mental disability, the call for service should be handled as a medical call rather than an arrest situation.

3. Officers should be aware that, in such situations, it is common for people with disabilities to seek sympathy as a way to lessen the outcome of the police response.

4. In all such situations, officers should take reasonable precaution to protect themselves and others.

E. Arrest and Custody

1. Employees should use appropriate precautions and safety techniques in arresting all people, whether or not they have a disability. Officers should follow all policies and standard techniques for arrest when taking a person with disabilities into custody.

2. Consideration should be given to the special needs of some people with disabilities in an arrest situation. Response in these situations requires discretion and will be based, in great part, on the officer's knowledge of characteristics and severity of the disability, the level of resistance exhibited by the suspect, and immediacy of the situation. In arrest situations, employees may encounter the following:

a. A person whose disability affects the muscular or skeletal system may not be able to be restrained using handcuffs or other standard techniques. Alternative methods (prisoner transport vehicle, seat belts) should be sought.

b. Some people with disabilities require physical aids (canes, wheelchairs, leg braces) to maintain their mobility. Once the immediate presence of danger has diminished and the suspect is safely in custody (for questioning, etc.), every effort should be made to return the device. If mobility aids must be withheld, the prisoner must be closely monitored to ensure that his or her needs are met.

c. Prescribed medication may be required at regular intervals by people with disabilities (diabetes, epilepsy). Medical personnel (the suspect's physician, on-call medical staff, emergency room medical staff) should be contacted immediately to determine the importance of administering the medication, potential for overdose, etc.

d. Some people with disabilities may not have achieved communications comprehension levels sufficient to understand their individual rights in an arrest situation. (For people who are deaf, there is no sign language for the term "waive" in regard to the Miranda rights. Yet, in an effort to be cooperative, a suspect who is deaf may acknowledge that he or she is willing to give up his or her rights.) Officers must take extra care to ensure that the rights of the accused are protected.

VI. HANDLING DEAF AND HEARING IMPAIRED INDIVIDUALS

A. General Information

1. Under normal circumstances the hearing impaired are usually apprehensive when being questioned, cited or detained by a police officer. The apprehension and confusion for the deaf is magnified due to their inability to hear and in many instances their lack of verbal communication skills. Therefore, to ensure that these individuals are treated in an equitable and courteous manner the following guidelines have been formulated.

2. When communicating with the severely hearing impaired person it should be remembered that their understanding of the written English language on the average may be equal to a 3rd or 4th grade level.

3. In written communications with the hearing impaired, officers may wish to write on their personal notebooks in order to save the information for later reference or court proceedings.

4. When a hearing impaired person is arrested for a serious offense and the services of an interpreter are utilized the interview process should be video taped, based upon a supervisor's approval.

5. Any time an interpreter is being requested a supervisor should be notified of the incident and the

disabled, intoxicated, mentally disabled - 3
facts surrounding the request, the supervisor will then be responsible for notifying and appointing a qualified interpreter.

B. Initial Contact - Immediately upon determining that the individual you are going to detain has a serious hearing impairment write the individual a note and request to see their driver’s license. If they do not have a license request some other form of identification.

1. Give them a piece of paper and a pen or pencil so that they may direct questions to you if necessary.

C. Completion of the Information for the Hearing Impaired form (D.W. #61 Appendix) - In all instances when deaf individuals are to be booked give them a copy of the Information for the Hearing Impaired form (D.W. #61) in order that they might read it and be aware of what is taking place. To reduce confusion for the deaf individual the form should be completed in the following manner:

1. Complete the top area of the form stating why the party has been detained.

2. Determine which one of the sections the person needs to read and indicate such by placing an ‘X’ in the appropriate box.

3. Cross out all other sections or sub-sections so the individual will not attempt to read those areas and become confused.

D. Interpreters - A qualified interpreter will be appointed for the hearing impaired who have been arrested for serious offenses in all instances when:

1. Such person is arrested for an alleged violation of a criminal law of the state or any city ordinance. Such appointment shall be made prior to any attempt to interrogate or take a statement from such person.
   a. The mere stopping and issuing of a misdemeanor summons or traffic citation to an individual does not require an interpreter.
   b. Interpreters are not required when an individual is arrested on a traffic or misdemeanor ticket, when no attempt is made to interrogate or take a statement from such person.
   c. Do not attempt to interrogate or take a statement until a qualified interpreter is appointed and has advised the suspect party of his or her rights and acknowledges understanding of same, proceed with the investigation along normal lines with the exception of using an interpreter.

E. Qualification of Interpreter

1. No one shall be appointed to serve as an interpreter for a person if he or she is married to that person, closely related to that person, living with that person, or is otherwise interested in the outcome of the proceeding, unless the appointing authority determines that no other qualified interpreter is available to serve and that hearing impaired person wants that individual as an interpreter.

2. No person shall be appointed as an interpreter unless the appointing supervisor makes a preliminary determination that the interpreter is able to readily communicate with the person in their primary language, or who is deaf and is able to accurately repeat and translate the statement of said person.

VII. HANDLING OF INTOXICATED INDIVIDUALS

A. Officers who come into contact with a person who is believed to be incapacitated by alcohol or other substances must weigh the obligation to protect the individual from harm against the individual’s immediate personal liberty.

B. Officers should consider the apparent level of intoxication or impairment as well as any other available information when deciding the method most effective in rendering assistance. The most obvious indicator would be whether the subject is non-incapacitated or incapacitated.

C. A non-incapacitated or incapacitated individual can be classified as:

1. Medical Risk - Due to the individual’s level of intoxication the officer believes the individual represents an immediate health risk. Officers should request the appropriate emergency medical response unit to take over care and control of the person.
   a. An individual apparently in need of medical attention should be transported to The University of Kansas Medical Center, or if necessary, the nearest medical facility for treatment.
   b. Once an individual is booked into the detention facility on a U.G. ordinance violation, the officer may place a six hour protective custody hold on the arrestee if the officer believes that the arrestee may cause injury to himself/herself, others, or may cause damage to property if not detained.

D. An intoxicated person, who upon observation may be incapacitated, or suffering from some other ailment in association with their alcoholic condition, will be afforded the opportunity for immediate treatment.

1. Officers should request emergency medical assistance to respond to the scene to take over care and control of the individual.

E. When an intoxicated person cannot be classified as either a medical risk or as an offender, the officer should attempt the following:

1. Within reasonable limits, attempt to find a way home for the subject.
2. Within reasonable limits, attempt to locate family or friends who are willing to take over care and control of the individual.
   a. Officers transporting individuals to another location will advise the dispatcher of the transport and the destination. When transporting such persons in a police vehicle, officers will adhere to transport guidelines.
   b. Communicate to the friend or family member that in the event the person becomes a danger to themselves or others, or exhibits violent behavior, they should immediately contact the police.

3. During normal business hours transport the individual to the University of Kansas Medical Center for treatment or referrals.

4. After normal business hours contact the Crisis Hotline at 631-1773 for suggestions or referrals.
   a. If the individual is accepted the officer will transport the person to a facility located within the jurisdiction of the Unified Government. Necessary paper work for admittance into the facility will be completed. A copy of the documentation along with a completed investigative report will be turned in at the end of the officer’s tour of duty to a shift supervisor.

F. Any unusual transportation arrangements (request for transport outside the Department’s jurisdiction, etc.) shall be approved by the officer’s supervisor prior to transport.

VIII. EMERGENCY COMMITTAL FOR INTOXICATION

A. Individuals that have not committed a criminal law violation nor pose a medical risk cannot be detained against their will unless the officer has a reasonable belief, upon observation, that the person is intoxicated or incapacitated by alcohol or other substances, and that because of this condition is likely to be physically injured or to physically injure others if allowed to remain at liberty. (KSA 60-4027)

B. Officers may detain an individual under these circumstances if the following conditions are met and transport him or her to an emergency room where there is a licensed physician or psychologist on staff to examine the individual.

1. If the physician/psychologist does not believe that the person that was examined is a danger to himself/herself or others, the officer shall release the person.
   a. A miscellaneous report will be completed in this instance, documenting the name of the examined person along with the name of the physician/psychologists. All facts and circumstances will be recorded.

2. If the physician/psychologist does believe that the person is likely to cause harm to self or others if allowed to remain at liberty, the officer shall complete an "Application for Emergency Observation and Treatment" form (Medical Facility Form). Retain the original and leave a copy with the facility.
   a. The officer shall complete a miscellaneous report documenting all facts and circumstances along with the names of all the individuals involved in the incident. The officer will make application for an Alcohol or Drug Petition by 1700 hours of the next full day that the District Attorney's Office is open for the transaction of business. Until that time the individual will remain at the treatment facility designated by the emergency room physician or mental health professional.
   C. If the treatment facility is unwilling or unable to admit the person, or if there is not a treatment facility available to receive such individual within the territorial limits of the Unified Government, the treatment facility is responsible for designating another facility to address the current needs of the person. Any unusual transportation arrangements (request for transport outside the Department's jurisdiction, etc.) shall be approved by the officer's supervisor prior to transport.

D. Any conflicts or unusual circumstances will be communicated to a supervisor for a determination.

IX. TREATMENT AND INVOLUNTARY COMMITTAL OF MENTALLY DISABLED PERSONS

A. A law enforcement officer who has reasonable belief, upon observation, that any person is mentally ill and because of such illness is likely to do physical injury to themselves or others if allowed to remain at liberty, may take such person into protective custody without a warrant. (KSA 59-2902)

B. Officers encountering individuals that they reasonably suspect to be mentally ill should, if possible, contact the Wyandotte County Crisis Hotline at 913-631-1773 or the Wyandotte County District Attorney's Office for assistance or referrals. This can be accomplished prior to transport or after the individual is transported to a health care facility.

C. If the person is a confirmed walk-away from a treatment facility the officer may, with the approval of a supervisor, transport the individual back to that facility or place the person into the Wyandotte County Detention Center until such time that the treatment facility can make arrangements to pick-up the individual.

D. The officer, after determining that there are reasonable grounds to believe such person is "mentally ill" and after taking such person into protective custody, shall advise the person of the following rights:

   1. That he/she has been taken into custody to determine if he/she is suffering from mental illness that could be dangerous to self or others.
      a. They have the right to contact legal counsel, next of kin, or both.

E. The officer will transport such persons in protective custody to the Emergency Room Psychiatric Liaison Service at the University of Kansas Medical Center's emergency room, or another supervisor approved treatment facility, for the purpose of a psychiatric evaluation by a physician.

1. If a mental health professional is on the scene or in contact with the Dispatcher, a treatment facility may have been pre-arranged. In this case the officer can transport such person directly to said treatment facility and into the custody of facility staff, with supervisor approval.
F. Upon request of a family member, the officer may transport a person suspected of being mentally ill to the Crisis Stabilization Center at the University of Kansas Medical Center or another supervisory approved treatment facility for psychiatric evaluation. If in the officer's judgment the person appears to be mentally ill:

1. If relatives are in need of the officer's assistance in transporting a person to the psychiatric evaluation center, the officer will attempt to assist them, if the request is reasonable and falls within department constraints. If necessary, another unit may transport a relative to the facility.

G. The officer should keep in mind that two people are necessary to commit a person for psychiatric evaluation:

1. The resident doctor and a relative; or
2. The doctor and a police officer.

H. If a person at the scene is in possession of a receipt of petition from the Wyandotte County District Attorney's Office, the emergency phone numbers on the document can be contacted for current petition status and any pre-arranged treatment facility if one is currently in place.

I. Officers who transport non-violent individuals to a treatment facility at the request of an accompanying relative or mental health professional, may clear the scene of the health care facility once it is determined that their assistance is no longer needed.

1. Any complications will be communicated to a supervisor for a determination.

J. When an officer places the person in protective custody and transports such person to K.U. Medical Center or another authorized health care facility for psychiatric evaluation, he or she must be prepared to relate all actions of such person to the examining physician.

1. The committing officer is required to stand by at the medical facility until such time as he/she is released from responsibility by a member of the psychiatric staff. Any complications will be communicated to the officer's supervisor for a determination.
2. If the proposed patient is at the University of Kansas facility and exhibits or shows signs of violent behavior, the assisting or committing officer(s) will request a K.U.M.C. Police Officer to assist.
3. If the individual has been transported to K.U. Medical Center, K.U.M.C. Police should provide transportation of this patient from K.U. Hospital to Rainbow Mental Health or Wyandotte Mental Health upon request by the medical staff.

K. When probate court is open the officer will transport the individual to the University of Medical Center's emergency room for a psychiatric evaluation. The officer should contact the Wyandotte County Crisis Hotline at 913-831-1773 or the Wyandotte County District Attorney's Office for assistance or referrals.

1. If the attending physician determines that there is probable cause to believe that the person is mentally ill, the individual will be placed in an authorized treatment facility that is within the Department's jurisdiction, if available.
2. If not available, the officer will contact his/her supervisor for a determination. If transport is authorized, two officers will transport the individual, by the most direct route. An Application for Emergency Treatment form will be filled out and signed by the individual who will be petitioning the Wyandotte County District Court prior to the end of the next working day. This individual may be a police officer who encountered the individual initially in the community.

3. Signed emergency committal papers from the psychiatrist will be required before transportation to the authorized treatment facility.

L. The officer should be prepared to provide adequately for the safety and security of the individual, the transporting officers, and the public. State statute requires that the least amount of restraint necessary shall be used in transporting such "mentally ill" person. Officers retain the discretion to search any incident to the protective custody and restrain the person as necessary. (KSA 59-2020)

1. Officer safety requires that the individual's right to communicate with attorneys and others will not normally be exercised during the period that the individual is being transported.
2. In situations where an officer is transporting an individual of the opposite sex, strict adherence to departmental policy regarding the recording of departure time, arrival time, vehicle mileage at both ends of the trip will be followed.

M. Documentation. In addition to any applicable departmental reports (Officer's Defensive Action Report, Property Report, Casualty Report, etc.), an Investigative Report will be completed whenever an officer places a person believed to be mentally ill in protective custody and/or transports such individual to a treatment facility. All facts, circumstances, and participants will be documented, along with any type of restraint devices utilized during the transport of the individual. This report will be turned in at the completion of the officer's tour of duty.