

AURORA POLICE DEPARTMENT

DIRECTIVE MANUAL

06.13 INTERACTING WITH PERSONS EXPERIENCING A BEHAVIORAL HEALTH CRISIS

Approved By:	Art Acevedo, Interim Chief of Police
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Associated Policy:	DM 06.06, DM 06.12, DM 08.36, DM 09.06
References:	C.R.S. § 27-65-102(4.5), 27-65-106, AFR 5.12 Management Of Agitated Patients Or Other Behavioral Health Crisis
Review Authority:	Professional Standards and Training Division Chief and APD Legal Advisor(s)

6.13.01 PURPOSE

The purpose of this directive is to provide all sworn members of the Aurora Police Department (APD) with clear and direct guidelines for interacting with persons experiencing a behavioral health crisis and/or persons with a mental health disorder.

6.13.02 SCOPE

This directive applies to APD sworn members and department-affiliated mental health professionals.

6.13.03 DEFINITIONS

Aurora Mobile Response Team (AMRT): An unarmed non-sworn unit that responds to behavioral health calls for service without law enforcement.

Behavioral Health Crisis: As defined by C.R.S. § 27-65-102 (3), a *behavioral health crisis means a significant disruption in a person's mental or emotional stability or functioning resulting in an urgent need for immediate assessment and treatment to prevent a serious deterioration in the person's mental or physical health.*

Certified Peace Officer (POST Certification Required): As defined by C.R.S. § 16-2.5-102, *peace officers shall meet all the standards imposed by law on a peace officer and shall be certified by the peace officers standards and training board.*

Crisis Intervention Training (CIT): A program that provides a foundation to promote community and statewide solutions to assist persons with mental illness and/or addictions. The CIT model reduces both stigma and the need for further involvement with the criminal justice system. CIT provides a forum for effective problem-solving regarding the interaction between the criminal justice and mental health care system and creates the context for sustainable change.

Crisis Intervention Training (CIT) Sworn Member: Certified CIT sworn members are specially trained to intervene and de-escalate situations involving persons in crisis suffering from mental health issues or emotional situational crises.

Crisis Response Team (CRT): A unit consisting of a mental health professional (licensed/eligible clinicians) paired with a CIT-trained sworn member to provide trauma-informed intervention services to individuals in a behavioral health crisis.

Emergency Mental Health Hold (M-1): When a certified peace officer or other intervening professional (as defined by C.R.S. § 27-65-102[20]) has probable cause to believe a person has a mental health disorder and, as a result of the mental health disorder, is an imminent danger to the person's self or others or is gravely

disabled, the certified peace officer may take the person into protective custody and transport the person to a designated facility for an emergency mental health hold.

Danger to Self or Others: As defined by C.R.S. § 27-65-102(10)(a) and (b), a person is considered a danger to self or others if they pose *a substantial risk of physical harm to the person's self as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm to the person's self; or a person poses a substantial risk of physical harm to another person or persons, as manifested by evidence of recent homicidal or other violent behavior by the person in question, or by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt, or threat to do serious physical harm by the person in question.*

Gravely Disabled: As defined by C.R.S. § 27-65-102(17), a person is considered gravely disabled when the person, *as a result of a mental health disorder, is incapable of making informed decisions about or providing for the person's essential needs without significant supervision and assistance from other people. As a result of being incapable of making these informed decisions, a person who is gravely disabled is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of the person's essential needs that could result in substantial bodily harm. A person of any age may be "gravely disabled," but the term does not include a person whose decision-making capabilities are limited solely by the person's developmental disability.*

Levels of Proof:

Reasonable Suspicion: Articulable facts and circumstances known to the sworn member at the time of a contact when, taken as a whole, that would lead a reasonable officer to reasonably suspect that a particular person has committed, is committing, or is about to commit a specific crime(s). Reasonable suspicion is more than a hunch; however less than probable cause. The person is not free to leave during a detention based on reasonable suspicion.

Probable Cause: Facts and circumstances taken as a whole that would lead a reasonable officer to believe that a particular person has committed or is committing a crime.

Mental Health Disorder: As defined by C.R.S. 27-65-102(22), *mental health disorder includes one or more substantial disorders of the cognitive, volitional, or emotional processes that grossly impairs judgment or capacity to recognize reality or to control behavior. An intellectual or developmental disability is insufficient to either justify or exclude a finding of a mental health disorder pursuant to the provisions of this article 65.*

Protective Custody: The detention of a person in a jail or other facility for their own protection pursuant to C.R.S. § 27-81-111(1)(a).

Targeted Violence Prevention (TVP) Program: Housed within the Crisis Response Team, the TVP program aims to prevent acts of mass violence or violent extremism through threat assessment, education, and direct intervention.

6.13.04 POLICY

The policy of the APD is that sworn members shall interact with individuals in a behavioral health crisis and/or those suffering from a mental health disorder in a manner that reflects recognition and awareness of the sanctity of human life while serving these individuals with empathy, respect, and professionalism. Sworn members shall afford all persons in a behavioral health crisis and/or persons with a mental health disorder the same rights, dignity, and access to law enforcement, government, and community resources as are provided to all members of the public.

A behavioral health crisis or mental health disorder can affect a person's ability to understand, communicate, and cooperate. While still recognizing that persons experiencing a behavioral health crisis and/or suffering from a mental health disorder can pose a real threat to sworn members and others, sworn members are expected to continually assess these situations and, when safe and practical, attempt to influence a situation by employing de-escalation tactics and techniques. When practical, sworn members shall request available behavioral health crisis resources (i.e., CRT, CIT sworn member, and/or AMRT) for assistance.

6.13.05 CORE PRINCIPLES

The Aurora Police Department is committed to striving for positive outcomes when interacting with individuals in behavioral health crises and those suffering from mental health disorders. These core principles serve as a guiding mindset to sworn members that should be reflected in their actions while they are in the Contact and Assessment Procedures phase of these interactions. Recognizing the unique challenges and vulnerabilities of individuals in such situations, the department strives to approach these interactions using the following core principles:

Sanctity and Dignity of All Individuals: Sworn members shall make every effort to respect and preserve human life and uphold the value and dignity of all persons at all times. The life, safety, and welfare of all persons are paramount to carrying out the duties of a peace officer.

De-Escalation: When safe and practical, sworn members shall attempt to influence a situation by taking action or communicating verbally or nonverbally during a potential force encounter in an attempt to reduce tension, stabilize the situation and reduce the immediacy of the threat so that more time, options, and resources can be called upon to resolve the situation without the use of force. Some examples of de-escalation tactics and techniques are communication skills (verbal persuasion, speaking calmly, maintaining a calm and composed demeanor, showing empathy, developing rapport, conveying concern, etc.), containment, and tactical disengagement.

Empathy: Whenever possible, members should strive to view the situation from the perspective of the individual in crisis and to treat them as they would expect to be treated if they, or a family member, were in crisis.

Behavioral Health Crisis Resources: Depending on the totality of the circumstances, sworn members shall utilize available resources such as CIT sworn member, CRT, or AMRT in an effort to seek the most favorable resolution.

Least Restrictive Treatment: Treatment and services which will best meet the patient's treatment and security needs, and which least limit the patient's freedom of choice and mobility.

Active Listening: Listening attentively and without judgment to the words, tone, and non-verbal cues of the individuals involved. Sworn members should strive to understand their perspectives, concerns, and needs, and ask clarifying questions when required to gather accurate information.

Trauma-Informed Approach: Being aware of the potential impact of trauma on individuals and responding in a compassionate and supportive manner. Sworn members should be mindful of signs of trauma and provide appropriate resources or referrals when needed.

Problem-Solving Orientation: Adopting a problem-solving mindset and working collaboratively with individuals to identify solutions and alternatives. Sworn members should strive to understand the underlying issues or concerns and work towards resolving them in a fair and just manner.

Medical Assistance: Sworn members shall provide appropriate medical assistance without delay and request emergency medical services promptly when appropriate. The immediate medical needs of any patient will take precedence over law enforcement functions / criminal investigations.

The Aurora Police Department recognizes the importance of incorporating these core principles during the Contact and Assessment Procedures to enhance the quality of interactions and strive for positive outcomes. These principles can foster trust, understanding, and cooperation between sworn members and members of the public, leading to better outcomes and improved relationships.

6.13.06 EMERGENCY MENTAL HEALTH HOLD (M-1)

As defined by C.R.S. § 27-65-106, a sworn member may invoke an Emergency Mental Health Hold (M-1) *when any person appears to have a mental health disorder and, as a result of such mental health disorder, appears to be an imminent danger to others or to the person's self or appears to be gravely disabled, then an intervening professional or certified peace officer, upon probable cause and with such assistance as may be required, may take the person into custody, or cause the person to be taken into custody, and placed in a facility designated or approved by the commissioner for a seventy-two-hour treatment and evaluation. If such a facility is not available, the person may be taken to an emergency medical services facility.*

6.13.07 EMERGENCY COMMITMENT

As defined by C.R.S. § 27-81-111(1)(a), *When a person is under the influence of or incapacitated by substances and clearly dangerous to the health and safety of himself, herself, or others, law enforcement authorities or an emergency service patrol, acting with probable cause, shall take the person into **protective custody** in an approved treatment facility. If no such facilities are available, the person may be detained in an emergency medical facility or jail, but only for so long as may be necessary to prevent injury to himself, herself, or others or to prevent a breach of the peace.* See [DM 06.12 - Emergency Detoxification Holds](#) for further information.

6.13.08 CONTACT AND ASSESSMENT PROCEDURES

The following preliminary steps shall be taken when a sworn member comes into contact with a subject who, pursuant to the above-described factors, is believed in good faith to have a mental health disorder:

- * If a sworn member has reason(s) to believe the person they are contacting may meet the criteria for an emergency mental hold, the sworn member shall investigate whether probable cause exists to place the person into custody pursuant to C.R.S. § 27-81-111(1)(a). If a sworn member does not have independent reasonable articulable suspicion or probable cause for a criminal offense, the sworn member should not physically detain the person until probable cause is developed to place the person on a mental health hold.
- a. Assess the need for emergency medical treatment and administer first aid if required. Notify rescue and/or arrange for transportation to a medical facility.
- b. Sworn members shall attempt to influence the situation by using de-escalation tactics and techniques when practical.
- c. When practical, sworn members shall request CRT to respond to their location through Aurora911. If CRT is unavailable, sworn members shall request a CIT sworn member and AMRT to respond to their location through Aurora911.
- d. Assess whether probable cause exists to invoke an emergency mental health hold based on the appearance of a mental health disorder and either an imminent danger to self or others or gravely

disabled due to a mental health disorder. Sworn members shall consider the totality of the circumstances to determine if a person meets the criteria for an emergency mental health hold.

Some factors to consider include the following:

- Showing signs of significant depression.
- Showing signs of either loss of rational thinking, obsession, delusions, or hallucinations.
- Having an organized plan or thoughts of homicide and/or suicide, coupled with the lethal means (weapons, drugs, devices) to act on those plans.
- Threats of harm to self or others or statements by the person that suggest that they are prepared to commit a violent or dangerous act. Such comments may range from subtle innuendo to direct threats.
- A personal history that reflects prior violence under similar or related circumstances.
- The amount of self-control that the person exhibits, particularly the amount of physical control, over emotions such as rage, anger, fright, or agitation.
- Aggressive behaviors, including advancing on or toward a sworn member, refusing to follow directions or commands, physical posturing, and verbal or nonverbal threats.
- Use of words that suggest a lack of understanding of what is going on, evidence of confusion.

If the sworn member establishes there is probable cause to place a person on an emergency mental health hold, they shall place them into custody on the M-1 Hold. However, if the sworn member believes, based on the totality of the circumstances, that physically placing the person on hold is likely to result in a deadly force situation. In these instances, the sworn member should, when practical, contact a supervisor, explain the facts and circumstances of the situation, and the supervisor will decide how to proceed. Sworn members shall not use lethal force against a person based on the danger they pose to themselves if a sworn member would objectively and reasonably believe the person does not pose an imminent threat of death or serious bodily injury to the sworn member or another individual.

When a situation does not fit within the *Graham* test regarding uses of force because the person in question has not committed a crime, is not resisting arrest, and is not directly threatening a sworn member, the sworn member shall follow the ruling by the Sixth Circuit in *Hill v. Miracle*.

- To ensure compliance, the following concise summary, and three-prong test regarding *Hill v. Miracle* shall be followed when sworn members decide to use physical force in an interaction with a person experiencing a behavioral health crisis and/or mental health disorder:
 - Is the person experiencing a medical emergency that renders him/her incapable of making a rational decision under circumstances that pose an immediate threat of serious harm to himself or others?
 - Is some degree of force objectively reasonable to ameliorate the immediate threat?
 - Is the use of force objectionably reasonable under the circumstances?

The sworn member shall answer each question in the affirmative if they are to use physical force in such a situation. It shall be an exception to the requirement of placing a person on an emergency mental health hold if each question cannot be answered in the affirmative.

- e. Assess if the subject is under the influence of alcohol or drugs in addition to those factors found in part "c" above. Clinicians cannot place a subject who is under the influence of drugs and/or alcohol on an emergency mental health hold.

6.13.09 BEHAVIORAL HEALTH RESOURCES

The APD has specialized units trained in dealing with persons experiencing behavioral health crises and/or persons with mental health disorders. When en route to the call for service, sworn members shall request through Aurora911 for a CRT response. If CRT is unavailable to respond, the sworn member shall request a CIT sworn member and ARMT to respond. The sworn member responding to the call for service will contact the subject in a timely manner; they will not wait for the requested resources (i.e., CRT, CIT, or ARMT).

Crisis Response Team (CRT): CRT shall respond, when possible, to active dispatched calls for service where behavioral health is the underlying cause. CRT is most appropriate for calls that are predominantly behavioral health in nature with a secondary criminal component. Sworn members shall request the assistance of Aurora911 to determine if a CRT unit is available to respond to the scene. CRT is best utilized when the call for service is primarily mental health related with minor or no criminal elements.

Crisis Intervention Training (CIT) Officer: Certified CIT sworn members are most appropriate for calls that are predominantly criminal in nature. Sworn members shall request the assistance of Aurora911 to locate an on-duty certified CIT sworn member to respond to the scene.

Aurora Mobile Response Team (AMRT): AMRT may be requested when there is no probable cause to place someone on an emergency mental health hold and when law enforcement resources are not appropriate for the situation, but additional resources are required to resolve the matter. AMRT is most appropriate for behavioral health calls for service that are non-violent in nature, have no mention of weapons, and do not require criminal intervention. Sworn members shall request the assistance of Aurora911 to determine if the AMRT unit is available to respond to the scene.

Targeted Violence Prevention (TVP) Program: Housed within the Crisis Response Team, the TVP program aims to prevent acts of mass violence or violent extremism through threat assessment, education, and direct intervention. Sworn members shall send referrals to the TVP program by emailing apdcrt@auroragov.org if they encounter a subject who is indicated to be a potential threat of mass violence through communications, observed behaviors, or other collateral information.

Rocky Mountain Crisis Partners (RMCP): RMCP is a regional system of crisis intervention that provides its services to Colorado through phone and electronic messaging. Aurora911 uses RMCP as a resource for callers who need support regarding their mental health but do not require assistance from the APD and/or Aurora Fire Rescue (AFR). When there is no probable cause to place someone on an emergency mental health hold and when law enforcement resources are not appropriate for the situation, but the person requests additional resources, sworn members can refer that person to RMCP at phone number 844-493-8255 for further resources.

If there is a dispute between sworn personnel and/or clinicians as to whether probable cause exists to place a person on an emergency mental health hold, the sworn member shall contact a supervisor, and the sworn personnel and/or clinicians in disagreement will explain the facts and circumstances of the situation, and the supervisor will decide how to proceed.

Sworn members can access additional resources through the resource guide maintained by the Crisis Response Team on the resources tab on the MDC.

6.13.10 DISPOSITIONS AVAILABLE

Voluntary:

If probable cause does not exist, but the person wants an evaluation completed or support for their mental health, the sworn member should take them to the walk-in crisis center. The walk-in crisis center will not accept a person who is overly aggressive, violent, intoxicated or suffers from a medical complaint that requires medical attention. Transportation to the walk-in clinic or the emergency room may be done by a sworn member or other means, such as an ambulance or private vehicle. Sworn members are not required to transport a person to a walk-in crisis center when probable cause does not exist to place that person on an emergency mental health hold.

Sworn members shall not handcuff persons without their consent while providing voluntary transport. However, the subject must consent to a pat-down for weapons to receive voluntary transport. If an articulable reason exists for the sworn member to place the subject in handcuffs, the sworn member shall ask something to the effect of, "Do you consent to me placing you in handcuffs for voluntary transport?" If the person refuses to be placed in handcuffs voluntarily, the sworn member is not obligated to provide voluntary transport.

If the sworn member is unable to develop probable cause for an M-1 hold, the sworn member may contact a CRT, CIT member, or AMRT unit, if practical under the circumstances, to provide alternative mental health information and assist with transport to a lower level of care mental health facility. If a CRT unit, CIT member, or AMRT unit is unavailable, the sworn member may access listed resources as needed and consider possible alternatives to arrest.

Involuntary:

If the sworn member establishes there is probable cause to place a person on an emergency mental health hold, they shall place them into custody on the M-1 Hold. The person shall be transported to a hospital emergency room. Transportation to the emergency room may be done by a sworn member or an ambulance.

If the involuntary subject is cooperative, the preferred method for transportation is an ambulance. Sworn members shall offer involuntary subjects who are cooperative the option of being transported to the hospital emergency room by an ambulance or by a police vehicle. If the involuntary subject is not cooperative, it is left to the discretion of the sworn member to transport the subject by ambulance or police vehicle.

If the sworn member transports the person by a police vehicle, they shall search and handcuff the person prior to transport. The sworn member shall state something with the effect of "Per policy; you will be placed in handcuffs for the purpose of transport."

If the person is going to be transported by ambulance, the sworn member shall search the person, and the person will either be handcuffed or restrained by medical restraints in the ambulance (see [DM 09.06 - Coordination with Aurora Fire Rescue and Emergency Medical Services](#) for further information). If the person is transported by ambulance, the sworn member shall follow the ambulance to the emergency room or ride inside the ambulance with the person being placed on the mental health hold. The immediate medical needs of any patient will take precedence over law enforcement functions / criminal investigations.

In all instances of involuntary emergency mental health holds, the sworn member writing the Emergency Illness Report and Application (M-1), also known as the M-1 application, shall go to the emergency room where the person is being taken and ensure the form is given to the appropriate hospital staff member. The sworn member shall assist the facility with the person until that person is secured in a designated location of that facility or the facility no longer requires the assistance of the sworn member.

Sworn members invoking an emergency mental health hold for a subject meeting the requirements of this directive are responsible for completing the Emergency Illness Report and Application (M-1), also known as

the M-1 application. The sworn member shall articulate the probable cause for establishing that the person has a mental health disorder and is a danger to themselves or others or that the person is gravely disabled and unable to care for themselves in the M-1 application. Sworn members shall write the case number on the last page of the M-1 form and have the last page of the M-1 scanned into the report by the APD Records Unit.

6.13.11 HOLDS ON SUSPECTED PERSONS WITH MENTAL HEALTH DISORDERS WITH CRIMINAL CHARGES

Any individual being held on criminal charges, warrants, or bond in any other matter, are not to be handled as "Emergency Mental Health Holds." In cases where a person with a mental health disorder is being held as indicated above or displays potential for suicide, special care should be given to the monitoring needs as outlined in APD Directive [DM 06.06 - Detention Center Procedures](#).

When circumstances exist where a person has committed a misdemeanor crime and no statute mandates an arrest and probable cause exists to place that person on an emergency mental health hold, the sworn member should follow the involuntary protocol outlined above and issue that person a summons (i.e., drop serve) for the offense at the hospital.

When circumstances exist where a person has committed a felony crime, and no statute mandates an arrest and probable cause exists to place that person on an emergency mental health hold, the decision to bond them on the felony charge or place them on an emergency mental health hold is left to the discretion of the supervisor.

Under no circumstances will a subject be held in the Aurora Detention Center on an emergency mental health hold only. If a sworn member arrests a subject and there is a concern for the mental health of the subject, the following process will be followed to ensure the subject is evaluated before release:

- a. The sworn member shall note all concerns regarding the subject's mental health in the first paragraph of the General Offense report. This allows mental health caseworkers, judges, city attorneys, or others to review the concerns quickly and arrange for proper disposition and care of the individual.
- b. Sworn members will indicate "Mental/Disturbed or Suicidal" in the text section of the MRE Electronic Arrest Booking Form.
- c. If, after the resolution of criminal or related charges, Aurora Mental Health determines that a mental health hold needs to be placed on the individual, a sworn member may be requested to respond and complete the M-1 form.
- d. Should the criminal or related charges be resolved, and complete detoxification of the subject remains an issue, sworn members should take the subject to an approved medical facility to be held for evaluation.

A supervisor will determine a proper course of action for any special circumstances or conditions that may arise in cases where a mental concern and criminal charges co-exist.

6.13.12 TRAINING

All sworn members shall receive initial training for interacting with persons experiencing a behavioral health crisis and/or persons with a mental health disorder. Sworn members shall receive training during the basic police academy. Sworn members shall also receive refresher training based on the needs of the department as identified by the APD In-Service Training Unit and CRT. Training shall be conducted with the assistance of the department CIT coordinator and CRT. APD will collaborate with other city departments as requested.

Sworn members can use any current and department-approved training they receive and deem appropriate when interacting with persons experiencing a behavioral health crisis (e.g., Integrating Communications Assessment and Tactics [ICAT] course).

6.13.13 INTERVIEWS AND INTERROGATIONS

When conducting an interview and/or interrogation with a subject who is experiencing a behavioral health crisis or has a mental health disorder, sworn members should keep the following in mind:

- a. The subject's state of mind and ability to answer the sworn member's questions appropriately.
- b. Sworn members should refrain from coercion or tactics meant to confuse the subject.
- c. Sworn members should read the waiver of Miranda rights, when applicable, and document their perception of the subject's understanding of his/her rights in their general offense or supplemental report.