



Colorado Springs Police Department

Standard Operating Procedure

DL-320-02 Mental Health Training and Specialized Response

Section 300 – Special Populations

Effective Date: 11/10/2025

Supersedes Date: NA

.01 Purpose

The purpose of this procedure is to describe department training on mental health issues and the procedures for the specialized responses available for people exhibiting symptoms of mental illness and/or appear to be in crisis.

.02 Cross-Reference

[GO 320 Mental Health Response](#)

.03 Definitions

Emergency Mental Health Hold (“M-1”): Means an involuntary mental health hold and transport in protective custody to a designated facility if there is probable cause that the person 1) has a mental health disorder and 2) as a result of the mental health disorder, is an imminent danger to the person’s self or others or is gravely disabled. An intellectual or development disability is insufficient to justify a finding of a mental health disorder. (CRS § 27-65-106)

Emergency Transportation Hold (“M.5”): Means an involuntary transportation in protective custody for evaluation by a designated facility to determine if the person meets the criteria for an Emergency Mental Health Hold, if there is probable cause that the person 1) is experiencing a behavioral health crisis or is gravely disabled and 2) as a result, without professional intervention the person may be a danger to the person’s self or others. (CRS § 27-65-107)

Specialized Mental Health Response Team: Means either the Community Response Team or Alternative Response Team as described in this directive.

.04 Procedure

Training

All department personnel are required to complete entry-level training regarding interacting with persons living with mental illness and/or persons in crisis. Training may occur as part of employee onboarding and new hire training specific to the position (e.g., Recruit Academy, Community Service Officer Academy, training for Communications Center personnel). All department personnel will also complete annual refresher training.

Training should be developed with the input and oversight of the Training Division; the sergeant assigned to supervise CRT; and community partners as appropriate to the topic.

All training will be documented by the Training Division.

Specialized Training: Crisis Intervention Training (CIT)

Crisis Intervention Training is a specialized 40-hour course to instruct law enforcement personnel in responding to persons in crisis, with mental health concerns, and those who have intellectual or developmental disabilities. With permission of their chain of command, department members may enroll in a CIT course. Officers who have completed CIT are authorized to wear their training pins on the right breast ribbon bracket above the nameplate of their uniform shirt.

Patrol Responsibilities

When patrol officers respond to a call for service with a perceived mental health crisis or concern, and a specialized response may be beneficial in ensuring access to available mental health resources, they must do the following on scene prior to requesting a team:

- Assess the situation
- Ensure the scene is safe
- Ensure no criminal charges or warrants pertain to the person

Patrol officers will remain on scene until the specialized mental health response team arrives, has been briefed on the situation, and determines it is safe for them to proceed in taking over the call for service without patrol officers present.

If a Community Response Team (CRT) confirms information related to criminal charges, they will request patrol officers to complete the criminal complaint and any required investigation.

If patrol officers respond to a call and request CRT, but the team is not available, officers may contact the CRT officer on their department-issued cell phones.

Community Response Team (CRT)

This multi-disciplinary team is designed to assist members of the community who are in acute crisis due to mental health related situations. Given the team make-up, it can provide behavioral and mental health resources effectively and efficiently while also assessing the community member's medical needs. While the team's individual members possess the skills to be helpful in a variety of situations, the strength in the program is in how the individual components work together to provide resources to those in crisis.

Team Roles and Responsibilities

CRT Officer

The CRT officer's roles and responsibilities are as follows:

- The primary responsibility of the CRT police officer is to evaluate and continually assess the team's safety and security.
- The CRT officer may enforce applicable ordinances and laws if necessary, but their primary focus is the public safety function.
- The CRT officer will contact the Communications Center if they determine additional officers are needed to respond.
- The CRT officer will be responsible for placing Alerts/BOLOs on addresses and persons in compliance with established Alert/BOLO policies and procedures, when it is deemed necessary to help provide the most current and updated information for officers. The officer should provide the information to their supervisor for discussion with the CRT leadership team. The CRT officer will also review previous Alerts/BOLOs and update any pertinent information.
- When acting in their public safety role, CRT officers should not conduct criminal investigative actions such as suspect and/or victim interviews, collection of evidence, or other more involved investigative actions. Other responding officers will take over a criminal investigation and the CRT officer will complete a supplement concerning their involvement in the case. The supplement will be completed in a timely manner in compliance with other policies and procedures for offense reporting. However, nothing in this directive is intended to limit a CRT officer from conducting database checks when appropriate to the situation.
- The CRT Officer will not conduct traffic stops for traffic violations when acting in their CRT role. The CRT officer will request that another officer respond to conduct the traffic stop if one is needed due to serious traffic violations that pose an imminent danger to the public.
- CRT will not respond to any calls for service Code 3.

- A CRT officer may complete an Emergency Mental Health Hold (“M-1”) if a clinician is not available on the team at the time one is necessary. If a clinician is available, the officer will not be the person to complete the assessment or the hold. Because CRT is considered a “behavioral crisis response team” under Colorado law, it is not appropriate for an authorized team member to seek an Emergency Transportation Hold (“M.5”); rather, the authorized team member is evaluating in the field whether an Emergency Mental Health Hold (“M-1”) is appropriate.

CSFD Paramedic

The primary role of the paramedic is to provide on-scene medical evaluation to those in crisis that the team contacts. When appropriate, the paramedic will provide medical clearance for direct admission to a psychiatric facility. In addition, the paramedic may review various fire department databases and provide information that may be beneficial to the team’s behavioral health response mission.

Registered Clinician

The primary role of the clinician registered by the State of Colorado is to conduct field evaluations and arrange for follow-up treatment of community members experiencing crisis due to a behavioral health situation. This includes evaluating whether the community member is suicidal, homicidal, or meets the statutory definition of gravely disabled. If applicable, the licensed clinician will prepare documentation associated with Emergency Mental Health Hold (“M-1”) pursuant to C.R.S. § 27-65-106.

CRT clinicians are not trained police negotiators under department policy and will not be used in that capacity.

CRT Sergeant

The sergeant assigned to supervise CRT officers is responsible for the following duties:

- Maintain a good working relationship and communication with CSFD and other partner agencies regarding response to mental health issues and crisis. This includes representing the department in multi-agency meetings; mediating issues as they arise; and assisting in program development and evaluation.
- Establish team schedules and coordinate back-up coverage as necessary for training, vacations, and other absences
- Review all requests for CRT officer training
- Evaluate and assign requests for assistance received from various agencies or individuals, as appropriate

- Investigate internal and external complaints about CRT officers in compliance with department policy and procedure
- Meet regularly with CRT officers to assess and debrief calls they have responded to and share additional information
- Review BWC footage when a “release request” related to a mental health crisis or CRT actions as requested.
- Approve and coordinate ride-alongs for training or public relations
- Respond to calls for service when CRT is requesting a supervisor
- Complete monthly reports (including data) concerning CRT
- Coordinate and facilitate all aspects of CIT training for CSPD and with other partner agencies. This includes scheduling courses, collaborating with partners, reviewing and updating curriculum, maintaining a list of all CIT trained personnel, and other duties.

Response Criteria

CRT’s primary focus is to respond to situations and calls for service involving community members who are in a state of crisis due to a behavioral or mental health situation.

CRT may respond to the following calls for service:

- Requests for assistance from patrol officers and/or fire department personnel
 - The law requires a “behavioral health crisis response team” (i.e., CRT) response before a statutorily authorized person completes an Emergency Transportation Hold (“M.5”). If there is a request involving an Emergency Transportation Hold (“M.5”), CRT must respond if they can be available in a timely manner. The purpose of this response is to evaluate whether a person meets the statutory criteria for an Emergency Mental Health Hold (“M-1”) and whether one is necessary in the field rather than requiring transport for someone else to make that determination.
- Calls involving suicidal persons
- Check the welfare calls for service involving a person in a state of crisis or with mental health concerns
- Referrals from crisis hotlines
- Assigned or self-initiated follow-up beneficial to the team’s mission
- Other calls for service that would benefit from a CRT response and are not prohibited by this directive

CRT members will collaborate in determining if a call for service meets the criteria for team response. If there is a disagreement within the team about accepting the call, supervision will be contacted for final determination.

CRT will primarily be used in the city limits of Colorado Springs but may respond to requests from outside agencies on a case-by-case basis with supervisor approval. In all cases, CRT will be accompanied by a sworn law enforcement officer within the local jurisdiction.

A CRT officer may disregard other officers when deemed appropriate in accordance with CSPD response policies and procedures.

Officers can email referrals to [REDACTED] for follow up when an immediate CRT response is not necessary.

Prohibited Responses

To minimize risks to the team's non-police members, CRT will not be dispatched to calls for service with any of the following information:

- Active violence or other serious threats to the safety of others
- Scene is potentially dangerous and unsecured
- Weapons involved in a manner that may pose an imminent danger to others
- Active criminal charges
- An alert or BOLO indicates the person should not receive a CRT response; requires two or more officers and/or a supervisor to respond; indicates a present threat of physical danger to others

CRT Transportation

CRT must follow all city policies for transportation in a city vehicle.

CRT can transport persons ("patients") to appropriate receiving facilities if the person does not pose a significant safety risk to the team and is consenting to be transported by the team, and meet the following criteria:

- The person is non-combative
- The person does not have outstanding legal issues (e.g., warrants)
- The person does not have any medical conditions which require immediate medical assistance

Transport must meet the following requirements:

- The patient will be always seat belted
- The child safety locks will be turned on during all transports to prevent an unplanned exit by the person
- Officers will protect their firearms from being accessible to the patient
- No more than one patient will be transported in the CRT vehicle
- The CRT officer will advise the safest seating configuration for those in the vehicle.

CRT Staffing and Scheduling

There are 4 CRT Units that, together, currently work seven days a week. The typical work schedules are as follows:

- CRT1: Sunday - Wednesday from 0900 – 1900
- CRT2: Wednesday - Saturday from 0900 – 1900
- CRT3: Sunday - Wednesday from 1400 – 0000
- CRT4: Wednesday - Saturday from 1400 – 0000

To ensure appropriate staffing of CRT officers, the following steps will be taken in this order to staff the CRT function:

- Staff using those permanently assigned to the unit (normal business practice)

If those permanently assigned to the unit are not available to staff the position:

- Overtime offered to backup CRT officers
- Overtime offered to CIT trained officers.
- On-duty patrol officers who are back-up CRT members. The duty lieutenant will decide on the on-duty officer(s) that will be assigned. This backfill is not required if 1) there is an overlapping CRT unit on duty at the same time as the position that needs filled or 2) the team that needs staffed does not have a clinician for that shift.
- On-duty patrol officers who are CIT trained. The duty lieutenant will decide on the on-duty officer(s) that will be assigned. This backfill is not required if 1) there is an overlapping CRT unit on duty at the same time as the position that needs filled or 2) the team that needs staffed does not have a clinician for that shift.

If none of these staffing options are possible, the CRT officer position will be unstaffed on that team. If this is the case, the CRT supervisory team will determine how the team will function for that shift.

CRT Officer Qualifications

All CRT officers and designated back-up officers must have successfully completed the 40-hour Crisis Intervention Training course (CIT) and have completed a five-hour ride-along/on-the-job training with a CRT unit officer to become a certified CRT officer. Upon completion of the training, the officer will contact the CRT sergeant and is eligible to be placed on the back-up list for CRT.

Officers with Crisis Intervention Training

CIT officers have more advanced training that can assist in de-escalating situations, providing resource referrals, and helping an incident come to a safe conclusion. When an alternative response such as CRT or the CSFD Alternative Response Team is not available or not appropriate, crisis intervention trained officers (“CIT officer”) should be included in a response to people in crisis or people who may benefit from a specialized response. Due to staffing issues and call volume, this may not be feasible but should be attempted when appropriate. CIT officers may either be dispatched or volunteer to be dispatched to appropriate calls. Other officers may request the response of a CIT officer as well. CIT officers may be dispatched citywide, not just in their assigned division.

The CIT officer on the scene of one of these types of calls should have primary responsibility for the event, unless circumstances dictate otherwise.

Alternative Response Team (ART)

The Alternative Response Team (ART) is a program of the Colorado Springs Fire Department and is staffed only by Fire Department personnel, including a bachelor’s level crisis navigator and an EMT basic. ART is available citywide. The Fire Department determines the schedule for ART, and it may vary depending on staffing and call volume. CSPD personnel may inquire about ART availability or request an ART response through the Communications Center.

ART’s mission is to provide treatment, resources, and appropriate disposition for individuals:

- In low acuity behavioral health crisis; or
- In need of navigation by utilizing and coordinating community resources

The purpose of the department’s relationship with ART includes:

- Alleviating the need for a police response to identified calls for service
- Increasing non-police resources so people receive the right care, in the right setting, at the right time; this can improve outcomes for community members.

Response Criteria

ART generally monitors calls for service to determine calls they believe to be within their response criteria; however, they can be requested by the Communications Center, officers, or Fire Department personnel. There are no calls for service that require an ART response.

The primary focus of ART is to:

- Assist individuals experiencing a mild, nonviolent, acute mental health crisis
- Provide more intensive navigation of resources
- Perform a medical check the welfare

CSPD personnel should consider utilizing or requesting ART in calls for service where ART can take the call without a police response, freeing up police resources; or in calls for service where they can provide resources and referrals within the scope of their responsibilities. Assuming the facts do not include any listed under prohibited response, these calls include but are not limited to:

- Check the welfare calls for service, including people showing suspicious or atypical behavior and/or people who need a medical check the welfare.
 - Note: ART cannot meet the department's obligations under Colorado law in reports of missing persons.
- Calls involving unwanted persons outside, in a business, on private property if the reporting party does not desire a police response.
 - Note: ART cannot issue trespass letters or warnings.
- Calls involving people with suicidal thoughts. ART cannot place a person on an Emergency Mental Health Hold ("M-1"); however, most calls regarding suicidal thoughts do not require involuntary treatment. ART will screen the person and call for an appropriate response if a higher level of care is indicated.

ART receives guidance from their Fire Department supervisor and their policy/procedures. Communications Center personnel may always send a police response if they believe one is necessary, even if ART has been put on a call.

Prohibited Responses

To minimize risk, ART will not be dispatched to calls for service with any of the following information:

- Any indication of violence or imminent threat to others
 - Note a person causing a traffic safety concern (e.g., jumping into traffic) is an imminent threat to others.
- Any indication of dangerous weapons
- Any indication of custody or child welfare issue
- A person already on an Emergency Mental Health Hold ("M-1")
- An alert or BOLO indicates the person should not receive a CRT or ART response, such as, requires two or more officers and/or a supervisor to respond; indicates a present threat

of physical danger to others; has a history that includes any instance of threatened or attempted “suicide by cop.”

- Specific medical factors, determined by Fire Department policy and procedure
- Person has actively attempted or is in the process of attempting suicide
- Any other indication of criminal activity, except they may be dispatched to:
 - Indecent exposure that has no likely sexual component (such as public urination)
 - Unwanted person, if the reporting party does not desire a police response to trespass the person

Fire Department policy also states:

- ART is not allowed to respond Code 3.
- If the ART unit determines a situation to be dangerous, they will leave the call and notify the Communications Center of the circumstances via the radio so an appropriate police or fire response can be sent.
- ART may transport individuals with their consent in the ART vehicle unless they are:
 - Combative
 - Medically unstable
 - In need of transport to an Emergency Department

Attachments

[Designated Facilities for Mental Health Resources](#)