Colorado Springs Police Department
General Order

320 Mental Health Response

Section 300 – Special Populations

Effective Date: 11/10/2025
Supersedes Date: 10/24/2023

.01 Purpose

The purpose of this directive is to describe the expectations for interacting with persons exhibiting symptoms of mental illness and/or appear to be experiencing a behavioral health crisis.

.02 Cross Reference

GO 325 Intoxicated Persons
GO 500 Use of Force
GO 501 Use of Prone Restraint
GO 502 Use of Sedatives Prohibited
GO 1102 Interviews and Interrogations
DL-320-02 Mental Health Training and Specialized Response
DL-1000-02 Law Enforcement Decision-Making
DL-1020-33 Medical and Mental Health Transports
DL-1056-01 Extreme Risk Protection Orders

.03 Discussion

The Colorado Springs Police Department (CSPD) responds to calls of people experiencing mental illness and/or behavioral health crisis with the primary objective of ensuring public safety. The department provides training for personnel to increase their knowledge and skills in the best way to respond to individuals in these circumstances. Personnel have access to specialized resources and teams that can provide resources and/or coordinate access to community service providers.

.04 Policy

CSPD personnel will recognize individuals affected by mental health issues based on observed behavior, prior contacts, dispatcher information, etc. and use department policy and training to interact with them effectively. CSPD personnel will use their knowledge of these topics to understand when mental health or substance use issues may influence a person's understanding of

police actions and ability to participate or comply and will take this information into account when determining the best course of action.

Officers will only take a person into custody, whether protective or custodial arrest, when both statutory and policy requirements are met.

Officers' actions will be guided by the critical decision-making model and safety priorities in DL-1000-02 Law Enforcement Decision-Making.

.05 Definitions

Behavioral Health Crisis: A visible episode of significant emotional or psychological distress that causes noticeable disruption in behavior, speech, or mood, and is recognized as upsetting by the person or others.

Combative with EMS: Means an individual is combative and/or violent in a manner that causes an immediate danger to staff, making it unsafe for them to care for the patient.

Danger to Self: Means a person poses a substantial risk of physical harm to the person's self, as manifested by evidence of recent threats or of attempts at suicide or serious bodily harm to the person's self. This definition applies only to the criteria used for assessment of an involuntary hold. (CRS § 27-65-102)

Danger to Others: Means 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 a 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. This definition applies only to the criteria used for assessment of an involuntary hold. (CRS § 27-65-102)

Emergency Mental Health Hold ("M-1"): 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"): 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). The statutory definition of behavioral health crisis for this hold is *"*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" (CRS § 27-65-102).

Gravely Disabled: Means a condition in which a 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, the person is at substantial risk of substantial bodily harm, dangerous worsening of any co-occurring serious physical illness, significant psychiatric deterioration, or mismanagement of the person's essential needs that could result in substantial bodily harm. This definition applies only to the criteria used for assessment of an involuntary hold. (CRS § 27-65-102)

Medical-Behavioral Emergency: An incident in which a medical situation (often drug-induced or drug-enhanced) at times can be misinterpreted as solely a behavioral issue or behavioral health crisis. Indicators may include but are not limited to: extreme agitation; elevated heart rate; altered mental state or confusion; erratic or irrational behavior; public nudity or insufficiently attired for the weather; pain tolerance; rapid, shallow, or no breathing; temperature extremes (feels very cold or hot); inappropriate or excessive sweating. The risk for a medical-behavioral emergency may also include actual knowledge that the person has consumed drugs, especially stimulants.

Mental Illness or Mental Health Disorder: A condition that involves one or more substantial disorders of thought, emotion, or behavior that grossly impairs judgment, perception of reality, or behavioral control.

Protective Custody: A type of custody used to protect people from harm. Protective custody is not a law enforcement arrest. The primary reason to take someone into protective custody is a public safety reason. For the purposes of this policy, protective custody is used in the case of an Emergency Mental Health Hold and Emergency Transportation Hold.

Specialized Mental Health Response Team: Means either the Community Response Team or Alternative Response Team

.10 Guidelines for Interaction

Department members are not qualified and are not expected to diagnose mental illnesses. However, they are expected to recognize behaviors that may indicate a person has a mental health issue or is otherwise in crisis. This may be challenging because some of the signs of mental illness may also be symptoms of a different medical or developmental condition and/or substance use. Some of the many symptoms that may indicate an acute mental health issue include those listed below.

- Distorted sense of reality:

- Delusions: unshakeable and fixed belief in something that conflicts with reality; the belief persists even when challenged with conflicting evidence. There are many different types of delusions. An example of a delusion is a person that believes the government is invading their mind.
- Hallucinations: false perception of objects or events involving any of the five senses. They seem real but they are not. An example of a hallucination is a person who hears voices when no one has spoken.

- Displays intense feelings or personal distress, for example, extreme agitation.
- Disorganized speech or thought patterns. This may include what is sometimes referred to as "word salad," when a person jumps from topic to topic in ways that do not logically connect. People may also repeat phrases over and over without context.
- Erratic or irrational behavior. There are many examples of this type of behavior; one is a person being publicly naked.
- Significant mood swings; for example, rapid shifts from sadness to anger to euphoria

When department members recognize signs and symptoms of a mental illness in someone they contact, they are expected to use their training to attempt appropriate engagement without escalating the situation. If a person exhibits these signs and symptoms, department members may need to modify routine practices and procedures to ensure they have access to police services. It is important to remain calm; avoid overreacting; speak slowly, simply, and clearly; and to be helpful, professional, and non-judgmental. It is helpful if only one department member at a time speaks to the person.

If a person appears to be or indicates they are in physical distress or they need medical attention, emergency medical services should be summoned without delay.

.15 Officers' Role

The officer's role when interacting with a person in crisis differs depending on the circumstances. When a person is a danger to others and/or they have committed a crime, the officer's role may be focused on law enforcement.

In incidents where the person is reasonably believed to pose a danger only to themselves, the officer's role is likely within their public safety function and will be focused on summoning appropriate services and providing civil standby to keep the peace as the person receives those services, if needed.

Officers will ensure situations are safe for EMS or mental health service provider entry in accordance with current protocol. The professionals providing EMS or mental health services

also may require the intervention of an officer if the patient is combative, as the term is defined in this policy, and present an immediate danger to the professionals. The role of the officer in this circumstance is protective of the treating professionals, but the officer's role is not to force a person who poses a danger only to themselves to receive treatment.

Although they may have the legal authority to do so, officers generally should not charge an individual who refuses medical or mental health treatment but is not assaultive for their failure to voluntarily comply with treatment or their erratic public behavior (e.g., disorderly conduct).

Officers' role in involuntary legal holds is described in section .45 Involuntary Assessment or Treatment.

In general, officers not assigned to the Community Response Team should not use a police vehicle to transport people on mental health holds unless it accomplishes a law enforcement purpose. Transports will comply with DL-1020-33 Medical and Mental Health Transports.

Unique aspects of the role of officers assigned to the Community Response Team are detailed in DL-320-02 Mental Health Training and Specialized Response.

.20 Diverting to Community Resources

Through the Communications Center, a person experiencing a behavioral health crisis or otherwise needing assistance with a behavioral health concern will be transferred on a dedicated line to the 988 Colorado Mental Health Line when appropriate. Through 988, people are connected immediately to a trained specialist for free, confidential support and connection to other resources.

The types of calls the Communications Center will consider for 988 include:

- People experiencing suicidal ideation
- People experiencing substance use, including a person seeking sobriety and recovery resources
- Depressed/despondent people
- People with anxiety with no priority medical symptoms requiring an emergency medical response
- Frequent calls with behavioral health concerns with no identified need for a CSPD or CSFD response
- Third party requests to check the welfare for behavioral health crisis reasons (e.g., "my friend posted a concerning message on social media").

Officers will continue to be dispatched in situations that require their response including, but not limited to, calls that involve an active suicide attempt, criminal activity, violence, weapons, or danger to others, as these calls are not appropriate for an alternative response.

There are many community mental health resources available to assist a person experiencing a crisis or having mental health issues. Officers may exercise discretion in giving courtesy rides to people who are willing to seek voluntary assistance in accordance with DL-1020-33 Medical and Mental Health Transports.

By department policy, officers have discretion whether to charge lower-level criminal and traffic offenses. In making this determination, officers should consider whether a person in crisis or with mental health issues would be better served with a warning and referral to services rather than a formal criminal justice action.

.25 Interview and Interrogation

In addition to the guidance provided in GO 1102 Interviews and Interrogations, officers should be aware they may have to modify standard procedures when questioning a victim, witness, or suspect with symptoms of acute mental illness. Such modifications may be necessary if the symptoms of mental illness impact a person's ability to understand and voluntarily waive their rights or their ability to credibly and reliably answer questions. Examples of appropriate modifications depending on the circumstance may include, but are not limited to,

- Use simple and straightforward language
- Avoid the use of deception
- Recognize how the person might be highly suggestible

.30 Response to Behavioral Health Incidents

This section guides officers' actions when the primary reason for the response is a suicidal person or other behavioral health incident and not a crime or threat to public safety.

Attempting to die by suicide is not a crime in Colorado, nor do officers have a legal obligation to prevent suicide. Officers' legal authority in response to a non-criminal incident such as a suicidal person depends on many factors and can create confusion regarding actions such as warrantless entry and use of physical force.

Specialized Response

Communications Center personnel and officers should consider whether a specialized mental health response team and/or response including officers who have completed Crisis Intervention Training is appropriate and available to respond to calls for service involving mental health concerns. For calls involving suicidal individuals, welfare checks, or other mental health concerns

that require resources to be dispatched, specialized mental health response teams (i.e., Community Response Team (CRT) or Alternative Response Team (ART)) will be the first resources considered if the calls fall within their response criteria. When these resources are not available or appropriate, officers who have completed Crisis Intervention Training should be dispatched if available. Dispatchers may inquire about the availability of a CIT officer on the radio.

When responding to a behavioral health crisis:

- Officers' actions will be guided by the critical decision-making model and safety priorities.
- Officers will first assess danger to others and take appropriate actions to safeguard the community.
    - In assessing danger to others, officers should consider factors such as, but not limited to, whether the individual is in a private space (e.g., residence) vs. a public space (e.g., park); threats to officers and others; whether they pose a danger in traffic; possession of a weapon that an officer believes could be used against others; history of violence toward others; if the person is displaying symptoms of a medical-behavioral emergency in public and their behavior is very unpredictable and uncontrollable.
- Officers may attempt safe contact with the individual and offer to connect them with assistance while using de-escalation skills.
- Officers will not create exigent circumstances through their own conduct. This includes avoiding actions that unnecessarily escalate a situation, such as issuing commands without a clear lawful or tactical purpose, using an aggressive tone, or engaging in behavior likely to provoke a confrontation. Officers should use tactics that reduce the risk of confrontation and avoid creating conditions that induce exigency. This policy does not restrict officers from taking lawful action when necessary; it is intended to reinforce the importance of using sound judgment and de-escalation whenever possible.
- When there are sufficient indicators to reasonably support a medical-behavioral emergency, officers will summon emergency medical services without delay and brief them on the physical indicators and behaviors observed. The primary goal in these emergencies is to coordinate a response with emergency medical services and ensure medical treatment is provided as soon as it is safe to do so. A supervisor should be dispatched to these incidents if available. Officers should be aware a person experiencing a medical-behavioral emergency may have a sudden decline in their physical condition, as described in GO 501 Use of Prone Restraint.
- Any use of force, searches, or forced entry must comply with statutory and constitutional law, department policy, and officer training, with the following additional considerations:

- Mental health or substance use issues may influence a person's understanding of police actions and ability to communicate or follow directions. The person's noncompliance with direction may not be willful defiance.
- The officer's role is not to force a person who poses a danger only to themselves to receive treatment.

- Communications Center personnel will dispatch or officers will summon emergency medical response as needed. Officers should provide emergency medical aid within the scope of policy and their training when it is necessary.
- Officers should recognize the best option may be to withdraw from a call if a person poses a potential danger only to themselves, is not amenable to offers of assistance, and officers have not established a special relationship under the public duty doctrine. In this circumstance, an officer may consider sending a request for follow up to the Community Response Team or Alternative Response Team to attempt to connect the person to appropriate resources.

If the officer believes that certain destructive or harmful items should be seized, for the safety of the victim or others (e.g., firearm), the items may be entered into evidence with the evidence custodian as personal property, or an Extreme Risk Protection Order petition may be considered. The officer has discretion, based on information from the scene and the preliminary investigation, to determine if any items are to be seized for safekeeping, left at the scene, or with responsible family members. Extreme Risk Protection Orders are handled in accordance with DL-1056-01 Extreme Risk Protection Orders.

Public Duty Doctrine and Special Relationships

Public Duty Doctrine and special relationships are legal concepts in constitutional and tort law that arise when the government has taken action to take a person into custody or otherwise deprives them of their ability to care for themselves. When this happens, there is an affirmative duty to protect that individual from harm.

A clear example of a special relationship is when an officer takes a person into custody, including protective custody. In that circumstance, officers have taken responsibility for the person's safety until that responsibility is specifically transferred to another professional (e.g., medical professional).

There are other more nuanced situations in which an officer may unintentionally create a special relationship when responding to a person who is suicidal or otherwise in crisis. Officers should consider these factors when deciding how to engage in these situations. If officers seek not to establish a special relationship, these considerations may be helpful:

- Avoid making promises or otherwise creating a reliance on officers (e.g., “We are going to keep you safe,” “We will not leave you alone.”)

  Neutral language example: “We’re here to assess the situation and connect you with help.”

- Transfer responsibility clearly, as early in the contact as appropriate based on the facts.

  Neutral language/action example: “We are not going to detain you or force you to do anything. We’re encouraging you to talk to someone that can help, like calling the number 988.”

- Avoid actions that isolate the person or put them in a worse situation. For example, avoid separating them from their competent support people when safe to do so.

.35 Protective Custody

When an officer takes a person into protective custody, they are acting in their public safety capacity, not their law enforcement capacity. Protective custody may only occur when based on probable cause and it is for the sole purpose of protecting the individual from harm. Officers should advise the person they are in protective custody. Officers will not conduct a search incident to custodial arrest, as it is not applicable to protective custody. Officers have legal authority to frisk the person for weapons and any items that could cause self-harm. The purpose of the frisk is to quarantine these items to ensure the safety of the person, the officer, and any involved civilian personnel.

.40 Warrantless Entry

There may be times officers believe it is necessary to immediately make entry into a business, residence, etc. to render emergency aid.

If an officer has lawful authority, they may consider an entry based on the emergency aid exception to a search warrant as long as such an action is decided and taken within the guidelines of this policy, adheres to other department policies, and is consistent with officers’ training.

The emergency aid exception has three requirements, and all must be met to have lawful authority:

- An articulable reason to suspect an immediate crisis that threatens the life or safety of another; and

- The primary reason for entry is a public safety (not law enforcement) reason; and

- It is probable that police assistance will be helpful.

Search warrant requirements in situations where the primary action is law enforcement are addressed by other department policies and training.

.45 Involuntary Assessment or Treatment

Emergency Holds

Mental health providers and emergency medical professionals are in the best position to decide whether an individual should be placed on an involuntary hold. As a result, CSPD protocol prioritizes these decisions being made by professionals with this expertise and not police officers whenever possible.

- If an officer reasonably believes 1) an individual meets the criteria for an Emergency Mental Health Hold ("M-1") or Emergency Transportation Hold ("M.5"), *and* 2) the officer believes one is necessary given the facts of the situation, they will first request CRT if they are available in a timely manner.

  If CRT is not available in a timely manner, the officer may request a response by CSFD to evaluate the person with supervisory approval and CSFD may complete an Emergency Transportation Hold ("M.5"), if appropriate.

  This section should not be interpreted as meaning an officer should request these responses every time the statutory criteria may technically be met.

  Additionally, officers must have a reasonable basis, grounded in observation or credible information, to believe the person meets the legal standard. If officers have not had contact with the individual or have no way of assessing their condition, the statutory criteria have not been met.

  It is important to note that nothing in this section is intended to prevent or discourage an officer from directly requesting an emergency medical response for any medical symptoms as they do in any situation based on department directives, their training, and knowledge.

- Officers that are not performing the duties of a Community Response Team (CRT) officer should not complete an Emergency Mental Health Hold ("M-1"). CRT officers may complete an Emergency Mental Health Hold ("M-1") if the licensed clinician is not with the team to complete it.

- Officers should also not complete an Emergency Transportation Hold ("M.5") unless extenuating circumstances require action with supervisory approval, and no emergency medical services personnel are available to complete the assessment and hold (unavailable includes circumstances in which the emergency medical services personnel decline to respond).

- Under Colorado law, transport of a person on a hold must be to a designated mental health facility, not an emergency department unless a facility is unavailable or the person has additional medical issues that require treatment at the hospital.

- If an officer completes an involuntary hold, they are responsible for reviewing the applicable statutes (CRS § 27-65-106 or CRS § 27-65-107) to ensure all requirements are met. For example, Emergency Transportation Holds require that the person is read and given a list of patient rights and that they are given the opportunity to make a phone call to an interested party before transport. If a person is transported to an emergency medical services facility (e.g., Emergency Department), the Emergency Transportation Hold expires upon the facility receiving the person.

    - If an officer completes an involuntary hold in accordance with this policy, they will complete the following:

        i. Initiate a case report titled "CSPD incident - noncriminal"

        ii. List the case disposition on the face sheet as "closed – noncriminal"

        iii. Code the offense as "emergency procedure"

        iv. List the person as "other" in the subject's tab

        v. In the narrative, must include the specific probable cause for determining why the person met each of the statutory criterion for that specific hold, including what the officer knew about the individual, the officer's observations of the person's behavior, any witness statements, what options the officer attempted with the individual, and the outcomes (including where the subject was transported, and who did the transport). The officer must document the search that was completed. The officer must also document their compliance with this policy, as they should not be the person to complete involuntary holds unless the policy requirements are met (e.g., CRT officer without clinician on the team for an M-1 or no EMS available and supervisor approved an M.5).

        vi. Attach a copy of the M-1 (only CRT) or M.5 document to the case report. Forms should be obtained from the Colorado Behavioral Health Administration to ensure the most recent version is used.

Outside Agency Requests

There are times when outside entities report that a person has absconded while under an involuntary mental health-related hold. The standard Communications Center protocol for routine calls of this nature is to create an Attempt to Locate call for service and air it to officers. Absent

an emergency or other urgent circumstances, officers should not be dispatched to these calls for service unless approved by a supervisor. The supervisor will consider that an officer should not be dispatched based solely on the fact the person has absconded unless there are significant extenuating circumstances (e.g., the person poses a substantial, imminent risk of physical harm to others).

Officers will not accept, take responsibility for, nor transport a person based solely on an Emergency Mental Health or Emergency Transportation Hold completed by another entity. An officer will not take a person into protective custody based on the other entity's statements alone. Officers must form their own probable cause for protective custody based on their observations and the totality of circumstances in accordance with Colorado law and this policy.

Court Orders

The court may issue a civil order requiring a person to undergo mandatory mental health screening or evaluation. If directed, a Community Response Team officer may execute these court orders in a manner that is lawful and safe, with the approval of a supervisor. However, officers should avoid using force in these situations absent exigency (e.g., the person poses a danger to others). Any force used must comply with statutory and constitutional law, department policy, and officer training. The court order does not require officers to take the person into protective custody by force.

Attachment

Mental Health Resources