



# Colorado Springs Police Department

## General Order

### 320 People in Crisis

#### Section 300 – Special Populations

Effective Date: 10/24/2023

Supersedes Date: 3/9/2023

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#### **.01 Purpose**

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

#### **.02 Cross Reference**

[GO 325 Intoxicated Persons](#)

[GO 500 Use of Force](#)

[GO 1093 Crisis Intervention Team \(CIT\)](#)

[GO 1090 Community Response Team](#)

[DL-1020-22 Responses to Suicide Attempts](#)

[DL-1020-33 Medical and Mental Health Transports](#)

#### **.03 Discussion**

Police contacts involving those experiencing mental illness or in crisis are unique in that it is not a crime. Many people experiencing a crisis or mental illness are capable of functioning on their own and do not pose a danger to themselves or others. However, there are situations in which a police officer and/or emergency medical response is necessary to protect the person or others.

The Colorado Springs Police Department (CSPD) responds to calls of people experiencing mental illness and/or crisis with the primary objective of ensuring public safety. In addition to the general responses, CSPD has specialized teams, comprised of specially trained officers, EMS, and mental health providers, who can provide resources and/or coordinate access to community crisis/mental health providers, when deemed appropriate. The department also provides training to all officers to increase their knowledge and skills in the best way to respond to people in these circumstances.

#### **.04 Policy**

CSPD personnel will be able to recognize persons suffering from mental health issues, access available community mental health resources, and will utilize provided training techniques to

interact with persons suspected of having a mental health or substance use issues during calls for service, as well as during other police interactions including interviews and interrogations. 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 comply and will take this information into account when determining the best course of action.

When a person(s) exhibits mental illness and/or crisis that poses a risk to the person or others, the department's primary concern is to protect life, using non-policing resources as appropriate to the situation. Officers will only take a person into custody, whether protective or custodial arrest, when statutory and policy requirements are met.

Officers will the procedures detailed in [DL-320-01 Behavioral Health Response](#) to implement this policy regarding involuntary holds and commitments.

## **.05 Definitions**

*Behavioral Health Crisis:* 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.

*Community Response Team (CRT):* A three-person team comprised of a sworn police officer, a fire department paramedic, and a mental health clinician.

*Designated Facility:* In Colorado Springs, references the Diversus Health Lighthouse Walk-in Center, Peak View Behavioral Health, and Cedar Springs Hospital as the initial receiving facility.

*Emergency Commitment:* 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.

*Emergency Medical Patrol:* Pursuant to CRS § 27-65-102, a patrol consists of persons trained to give assistance in the streets and in other public places to persons who are intoxicated by alcohol, under the influence of drugs, or incapacitated by substances. Members of an emergency service patrol must be capable of providing first aid in emergency situations and are authorized to transport a person intoxicated by alcohol, under the influence of drugs, or incapacitated by substances to the person's home and to and from treatment facilities. Diversus Health maintains an Emergency Medical Patrol.

*Emergency Transportation:* (1)(a) When a certified peace officer or emergency medical services provider has probable cause to believe a person is experiencing a behavioral health crisis or is gravely disabled and, as a result, without professional intervention the person may be a danger to the person's self or others, then the certified peace officer or emergency medical services provider may take the person into protective custody and transport the person to an outpatient mental health facility or a facility designated by the commissioner or other clinically appropriate facility designated by the commissioner. If such a service is not available, the person may be taken to an emergency medical services facility.

(b) An individual may not be transported pursuant to this subsection (1) if an intervening professional has assessed the person during the same emergency event and determined the individual does not meet the criteria for an emergency mental health hold pursuant to section CRS § 27-65-106.

(c) If a behavioral health crisis response team is known to be available in a timely manner, the certified peace officer or emergency medical services provider shall access the behavioral health crisis response team prior to transporting an individual involuntarily pursuant to this subsection (1).

*Gravely Disabled:* 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 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.

*Intervening Professional:* A person who is one of the listed professions in CRS § 27-65-102(20), including a physician assistant, advances practice registered nurse, a registered professional nurse, a clinical social worker, a marriage and family therapist, an addiction counselor, a person licensed to practice medicine, a psychologist.

*Mental Health Disorder:* Pursuant to the provisions of CRS § 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.

*Professional Person:* Means a person licensed to practice medicine in this state, a psychologist licensed to practice in this state, or a person licensed and in good standing to practice medicine in another state or a psychologist licensed to practice and in good standing in another state who is

providing medical or clinical services at a treatment facility in this state that is operated by the armed forces of the United States, the United States public health service, or the United States department of veterans affairs.

*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, or an Emergency Commitment.

## **.20 Emergency Mental Health Hold**

Pursuant to CRS § 27-65-106(1)(a)(I), an Emergency Mental Health Hold may be invoked by a certified peace officer who has probable cause to believe a person has a mental health disorder and, as a result of the disorder, is an imminent danger to the person's self or others or is gravely disabled. An Emergency Mental Health Hold may also be invoked by an "intervening professional" pursuant to CRS § 27-65-106(1)(a)(II).

When a person meets statutory criteria for an Emergency Mental Health Hold, an officer may take the person into protective custody and the person may be transported to the local designated facility. If such a facility is not available, they may be transported to an emergency medical services facility (hospital).

## **.25 Emergency Transportation Hold for Immediate Screening**

Pursuant to CRS § 27-65-107, a certified peace officer or emergency medical services provider may take a person meeting statutory criteria into protective custody, the person may be transported for an immediate screening to determine whether an emergency mental health hold is appropriate. To meet statutory criteria, the certified peace officer or emergency medical services facility (hospital) must have probable cause to believe the person:

- Is experiencing a behavioral health crisis as defined above; or
- Is gravely disabled; and
- As a result, without professional intervention, may be a danger to the person's self or others.

If an officer is considering this hold, Community Response Team (CRT) must be called prior to involuntary transport pursuant to Colorado law. An officer who is not part of a CRT at the time of the response will only initiate this type of hold if CRT will not be available in a reasonable period of time. This hold also cannot be used if the person has already been assessed by an intervening professional in the same event and does not meet the criteria for an Emergency Mental Health Hold (M1).

In the circumstance of an Emergency Transportation Hold, the law allows the person to request a phone call to an interested party before being transported. They will be allowed to do so unless the officer believes they pose a physical danger to the person or someone else by using the phone. If the officer has denied their request to make the phone call, the transporting officer will advise the receiving facility upon arrival, as the facility is then required to make the call on the person's behalf immediately upon arrival.

The person may be transported to an outpatient mental health facility or a designated facility for emergency mental health holds. If such a service is not available, the person may be transported to an emergency medical services facility.

### **.30 Emergency Commitments**

Pursuant to CRS § 27-81-111, law enforcement or emergency services shall take a person into protective custody if they have probable cause to believe the person:

- Is under the influence of or incapacitated by substances; and
- Is clearly dangerous to the health or safety of the person's self or others.

Because the designated facility is not equipped to provide medical treatment, people who meet the statutory criteria for an Emergency Commitment will likely require transportation to an emergency medical services facility.

### **.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. Officers will frisk the person for weapons and items of self-harm using the procedure described in [DL-320-01 Behavioral Health Response](#). Officers will not conduct a search incident to custodial arrest, as it is not applicable to protective custody.

If necessary, an officer may be authorized to use force when using their lawful authority to take a person into protective custody in accordance with Colorado law, [GO 500 Use of Force](#), and officer training.

All transports will be conducted utilizing the procedures detailed in DL-320-01.

### **.40 Personnel Training**

All sworn officers will receive training in accordance with CALEA requirements, which will be documented and retained by the Training Division.