



Colorado Springs Police Department

General Order

1090 Community Response Team

Section 1000 – Patrol Functions

Effective Date: 5/18/2023

Supersedes Date: 7/23/2015

.01 Purpose

The purpose of this directive is to outline the operating guidelines of the department's Community Response Team (CRT).

.02 Cross Reference

[GO 320 People with Mental Illness](#)

[GO 500 Use of Force](#)

[GO 502 Prohibited Use of Sedatives](#)

[DL-320-01 Mental Health Holds \(M1\)](#)

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

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

[GO 1093 Crisis Intervention Team](#)

[COM-120 Check the Welfare](#)

.03 Discussion

CRT is a multi-disciplinary team comprised of mental health professionals from Diversus Health, the Colorado Springs Fire Department (CSFD) paramedics, and the Colorado Springs Police Department (CSPD).

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, they 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.

Although officers assigned to the team may use their legal authority to require community members to receive mental health resources, their primary responsibility is to ensure the safety of everyone involved and enforce any applicable laws that may be violated during their tour of duty.

While behavioral and mental health services can be a component of any call for service, the application of CRT resources may not be appropriate for all call types. This includes but is not limited to:

- Situations where a scene is potentially dangerous and unsecured
- Requests for a clinician to negotiate with a community member
- Requests for a clinician to provide therapy

While there are many conditions that affect a community member's mental capacity (e.g., Alzheimer's dementia, dementia, a variety of intellectual or developmental delays, etc.), CRT is ill-equipped to provide long-term services.

.04 Policy

CRT will not be the primary nor first point of contact for law enforcement functions, including but not limited to barricaded persons, negotiations with suspects, or responding to situations that have yet to be controlled.

CRT members will provide services to community members within their professional capacity and area of expertise.

Teamwork within CRT is paramount to ensure professional provision of services that may benefit the community member(s), while ensuring the safety of everyone involved.

If/when safety threats occur, CRT may respond according to their training and experience to re-establish scene safety, to include detainment and/or arrest by CSPD.

CRT may decline to provide services if the situation is deemed not optimal, which requires articulation for the refusal in the appropriate report.

.05 Definitions

Crisis: When an individual is a danger to themselves, others, or is gravely disabled.

Mental Illness: A range of conditions, each with its own specific characteristics, including:

- Schizophrenia
- Bipolar disorder (manic depression)
- Major depression
- Schizo-affective disorder
- Panic disorder
- Obsessive-compulsive personality disorder
- Borderline personality disorder
- Other mental illnesses as defined in the DSM-IV (Diagnostic and Statistical Manual of

Mental Disorders as published by the American Psychiatric Association, most current edition) that can cause disturbances in thinking, feeling, and relating with others or the environment.

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 their essential needs without significant supervision and assistance from other people, thus at a substantial risk of bodily harm, worsening of any serious physical illness, and/or significant psychiatric deterioration.

.10 Team Roles

Each CRT unit is comprised of three independent yet equally important components:

- CSPD officer
- CSFD paramedic
- Diversus Health licensed clinician

.12 Team Responsibilities

Each team member is expected to contribute towards the overall team environment, while maintaining focus on their primary role in the team (as follows). Team members will operate within the scope of their responsibilities.

Officer

The primary role of the police officer is to evaluate and continually assess the team's safety and security. This includes attempting to evaluate whether the community member is suicidal, homicidal, or meets the statutory definition of gravely disabled. If applicable, the police officer may prepare documentation associated with an emergency medical hold (formerly an M1). In addition, the police officer may supplement the team's involvement in a variety of situations by reviewing various law enforcement databases and providing information that may be beneficial to the team's mission.

Paramedic

The primary role of the paramedic is to provide acute medical care to those in crisis that the team contacts. In addition, the paramedic may supplement the team's involvement in a variety of situations by reviewing various fire department databases and providing information that may be beneficial to the team's mission.

Licensed Clinician

The primary role of the licensed clinician is to conduct field evaluations and arrange for follow-up treatment of community members experiencing crisis due to a behavioral health situation. This includes attempting to evaluate whether the community member is suicidal, homicidal, or meets the statutory definition of gravely disabled.

If applicable, the licensed clinician may prepare documentation associated with an emergency medical hold (formerly an M1). In addition, the licensed clinician may supplement the team's involvement in a variety of situations by reviewing various mental health databases and providing information that may be beneficial to the team's mission.

All clinicians participating in CRT are licensed by the state of Colorado to provide mental health services.

.14 Attire

CRT members will wear attire that clearly identifies them and their affiliation with the partner agencies.

Officers assigned to the unit will wear the unit's approved uniform and safety equipment.

.16 Weapons Prohibited

The team's assigned paramedic and licensed clinician are prohibited from possessing any object intended to function as a weapon while working as a member of the team. This does not include objects that serve a medical purpose (e.g., safety scissors, etc.).

.20 Calls for Service

Criteria

The team'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.

Whenever possible, a CRT should respond to specified calls for service involving individuals in crisis because of a behavioral or mental health situation. This includes but is possibly not limited to calls involving the mentally ill but extends to any circumstance wherein an individual needs crisis intervention due to a behavioral or mental health situation.

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 official within the local jurisdiction.

Call Priorities

The structure of the team includes an augmented dispatch process, which includes a response to the following calls for service in the identified order of priority:

1. Calls placed to the crisis hotlines (referred through Diversus Health)
2. Requests for assistance from patrol officers and/or fire department personnel
3. Calls involving low acuity suicidal persons
4. Check the welfare calls for service
5. Assigned or self-initiated follow-up beneficial to the team's mission

Response Times to Crisis Hotline Calls

CRT personnel will respond to calls received by the crisis hotline within 60 minutes of receiving the call via Diversus Health. CRT will notify the department's Communication Center of the call for service and of their response.

Prohibited Responses

While CRT model includes a police officer, the team's make-up requires the officer to prioritize the safety of the team's other members who are unarmed and not equipped with the same safety equipment afforded to the officer (e.g., ballistic vest, etc.).

To minimize the risks inherent to law enforcement to the team's other members, CRT will not be dispatched to calls for service involving any form of active violence (e.g., barricaded subjects, active shooters, hostage situations, etc.).

This includes the following call situations:

- calls where there are active criminal charges
- calls where there is already an emergency medical hold in place
- where BOLO states that;
 - "no CRT response" or
 - "Two officers and a supervisor to respond"

The CRT may cancel 911 units and take over patient care when deemed appropriate.

The CRT CSFD medical provider is responsible for completing all patient reporting in FIS.

.25 Patrol Responsibilities

When patrol officers respond to a call for service with a perceived crisis or behavioral health component, when they arrive on scene they will assess the situation, ensure the scene is safe, and no criminal charges or warrants exist on the person prior to requesting a CRT response.

Patrol officers will remain on scene until CRT arrives and has briefed the team members on the situation. CRT will take over the call for service, assess the situation, and attempt to release the patrol officers, when appropriate. Patrol must remain on scene until released by a CRT member.

If, during the CRT contact, information relating to criminal charges is confirmed, CRT will request patrol officers complete the criminal complaint, so CRT can assist on other mental health calls for service.

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

Patrol officers are reminded to consider CIT trained officers for response if the situation is appropriate.

.25 Criminal Charges

The team is designed to coordinate resources for those who will voluntarily comply, therefore they typically do not enforce criminal aspects during their response. This is primarily due to the team composition with the paramedic and clinician being present.

If a person, who is suffering from a mental health crisis, and continually calls for emergency services and does not appear to be complying with any treatment plans established by CRT, the person should be advised of potential False Reporting or Disorderly Conduct charge. Patrol officers should advise the person of potential criminal charges and note it in a BOLO and/or report.

The officer will issue a verbal warning and advise the client about possible pending criminal charges. The officer will note the date and time of the verbal warning in a BOLO on the client. Officers should refer to this report in any subsequent charging reports.

If the client has made the decision to disregard the warning, the officer will document all supporting information, and complete and issue the appropriate summons. The issuance of a criminal summons should be considered only after all other options have failed.

When encountering habitual offenders, enforcement of criminal violations for persons refusing to comply may be warranted, as deemed appropriate by the responding officer.

.30 Patient Transportation

CRT can transport patients to appropriate receiving facilities if the patient poses no safety risk to themselves or the team and is volunteering to be transported by the team.

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

Patients will be transported in the assigned CRT vehicle which does not have a cage if they meet the following criteria:

- The patient is non-combative
- The patient does not have outstanding legal issues, e.g., warrants
- The patient does not have any medical conditions which require immediate medical assistance
- The assigned CSFD CRT member will drive the CRT vehicle during transports
- There are rare cases where it is more appropriate for the mental health professional and CSFD to sit in back with the client instead of the CSPD officer, which will be decided by the team
- The caseworker from Diversus Health will be seated in the front passenger seat
- The CRT CSPD officer will determine the safest seating configuration for those in the vehicle
- 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 patient
- Officers will keep their firearms from being always accessible to the patient
- No more than one patient will be transported in the CRT vehicle

Officers may transport patients in their patrol vehicles to Diversus Health or any of the hospitals if the patient volunteers (courtesy ride) or the officer completes a emergency medical hold report with appropriate police report and accompanies the patient to the hospital.

.35 Communications

CSFD personnel will use Fire 1 and will use the appropriate designated CRT call sign; CSPD personnel will be on their designated channel and use their designated radio call sign.

The Communications Center has the primary responsibility of tracking the CRT units when responding to calls for service.