GOODYEAR POLICE DEPARTMENT

Policy and Procedure Manual

POLICY 3.27
INDIVIDUALS WITH MENTAL DISABILITIES

Effective:	Replaces:	Approved:
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1. PURPOSE AND SCOPE

1. The Department is committed to providing a variety service options to all members of our community, including persons with mental disabilities, in a manner consistent with our obligation to ensure the protection of constitutional rights and the safety of all.

2. DEFINITIONS

1. MENTAL ILLNESS: An impairment of an individual's normal cognitive, emotional, or behavior function, caused by psychological or psychosocial factors. A person may be affected by mental illness if he or she displays an inability to think rationally (i.e.: delusions or hallucinations); exercise adequate control over behavior or impulses (i.e.: aggressive, suicidal, homicidal, sexual); and/or take reasonable care of his or her welfare with regard to basic provisions for clothing, food, shelter, or safety.
2. CRISIS: An individual's emotional, physical, mental, or behavioral responses to an event or experience that results from trauma. A person may experience crisis during times of stress in response to real or perceived threats and/or loss of control when normal coping mechanisms are ineffective. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a "fight or flight" response. Any individual can experience a crisis regardless of previous history of mental illness.
3. DANGER TO SELF (DTS): ARS 36-501 defines "Danger to Self" as; Behavior that, as a result of a mental disorder, constitutes a danger of inflicting serious physical harm upon oneself, including attempted suicide or the serious threat thereof, if the threat is such that, when considered in the light of its context and in the light of the individual's previous acts, it is substantially supportive of an expectation that the threat will be carried out. Behavior that as a result of a mental disorder, will without hospitalization, result in serious physical harm or serious illness to the person, except that this definition shall not include behavior that establishes only the condition of the gravely disabled.
4. DANGER TO OTHERS (DTO): ARS 36-501 defines "Danger to Others" as: The judgment of a person who has a mental disorder is so impaired that the person is unable to understand the person's need for treatment and as a result of the person's mental disorder the person's continued behavior can reasonably be expected, on the basis of competent medical opinion, to result in serious physical harm.
5. GRAVELY DISABLED: A condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he is unable to provide for his basic physical needs.
6. PERSISTENTLY OR ACUTELY DISABLED: A severe mental disorder that meets all the following criteria:
   A. If not treated has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional or physical harm that significantly impairs judgment, reason, behavior or capacity to recognize reality.
   B. Substantially impairs the person's capacity to make an informed decision regarding treatment and this impairment causes the person to be incapable of understanding and expressing an

understanding of the advantages and disadvantages of accepting treatment and understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages and alternatives are explained to that person.

C. Has a reasonable prospect of being treatable by outpatient, inpatient or combined inpatient and outpatient treatment.

7. MENTAL DISORDER (MD): ARS 36-501 defines "Mental Disorder as: A substantial disorder of the person's emotional processes, thought cognition or memory. Mental disorder is distinguished from: Conditions that are primarily those of drug abuse, alcoholism, or mental retardation, unless, in addition to one or more of these conditions, the person has a mental disorder. The declining mental abilities that directly accompany impending death. Character and personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns, including sexual behaviors that are abnormal and prohibited by stature unless the behavior results from a mental disorder.
8. CRISIS INTERVENTION TEAM (CIT): The Crisis Interventions Team (CIT) is an innovative first-responder model of police-based crisis intervention with community, health care, and advocacy partnerships.
   A. CIT provides law enforcement-based crisis intervention training for assisting those individuals with a mental illness, and improves the safety of patrol officers, consumers, family members, and citizens within the community.
   B. CIT is a program that provides the foundation necessary to promote community and state-wide solutions to assist individuals with mental illness.
   C. The CIT Model reduces both stigma and the need for further involvement with the criminal justice system.
   D. 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 substantial change.
   E. Basic Goals: Improve Officer and Consumer Safety, Redirect Individuals with Mental Illness from the Judicial System to the Health Care System.
9. CIT OFFICER: A CIT Officer is one who has completed a forty-hour training approved by the department.
   A. The CIT Officer is an information resource to help direct the individual to available services or resources after the call is stabilized.
   B. While the CIT Officer has minimal training in de-escalation, the CIT Officer is not a negotiator and is not to be used in this capacity.
   C. A CIT Officer may be used to transport the individual to one of the many mental health resources (i.e.: Community Bridges, UPC, Veteran's Hospital, etc.).
   D. The CIT Officer may also be utilized for an individual who is a Danger to Self (DTS) or Danger to Others (DTO) or who is in a crisis state.
10. ADMITTING OFFICER: A psychiatrist or other physician with experience in performing psychiatric examinations who has been designated as an admitting officer of the evaluation agency by the person in charge of the evaluation facility. ONLY an admitting officer of a screening agency has the authority to order a police officer to pick up and detain an individual for an emergency evaluation.
11. EMERGENCY MENTAL HEALTH ORDER OF DETENTION "Emergent Pick-up Order": A directive from an admitting officer of a mental health evaluation agency for a police agency to transport a person for an emergency mental health evaluation, under ARS 36-524. These pick-up orders are based on information, usually provided from a relative or friend of the patient to an evaluation agency, and will not have a (Mental Health) "MH" number.
12. NON-EMERGENCY MENTAL HEALTH ORDER OF DETENTION "Non-Emergent Pick-up Order": A Superior Court Order directing a law enforcement agency to apprehend a designated mentally ill

person at a specified address and deliver that person to a predetermined mental health treatment facility. The Non-Emergency Order will have an "MH" number and is an order for Detention and Notice requiring verification of service.

3. RECOGNIZING PERSONS WITH MENTAL ILLNESS OR IN CRISIS

1. For the purpose of this policy, a person affected by mental illness or in crisis is an individual who exhibits or demonstrates unusual behavior or actions that a police officer reasonably believes is likely to result in serious injury to the individual or others.
2. The destructive and potentially dangerous behavior can manifest from mental, physical or emotional disturbances.
3. Officers are not expected to make judgments of mental, physical, or emotional disturbances, but rather to recognize behavior that is potentially dangerous or destructive to the persons affected by mental illness or are in crisis, or others.
4. Absent the commission of a crime, officers should evaluate the symptoms and related behavior based on the totality of the situation when making judgments about an individual's mental state and need for intervention.
5. Reactions to narcotics, alcohol, or temporary emotional disturbances can trigger a potentially dangerous or destructive incident.

4. AUTHORITY

1. Under authority of Arizona Revised Statues (ARS) Title 36, Chapter 5, members of the Department are responsible for the proper handling of situations involving persons who are a “Danger to Self” (DTS) or “Danger to Others” (DTO).
2. Mental illness behavior characteristics cover a wide range of emotions/behaviors including:
   A. Depression
   B. Violence
   C. Withdrawal
   D. Suicidal thoughts or acts
   E. Homicidal thoughts or acts
   F. Paranoia
   G. Unorganized conversation
3. The following are generalized signs and symptoms of behavior that may suggest mental illness or persons in crisis, although officers should not rule out other potential causes such as reactions to alcohol or psychoactive drugs of abuse, temporary emotional disturbances that are situational, or medical conditions.
   A. Strong and unrelenting fear of persons, places or things.
   B. Extremely inappropriate behavior for a given context.
   C. Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.
   D. Abnormal memory loss related to such common facts as name or home address (although these may be signs of other physical ailments such as injury or Alzheimer’s disease.)
   E. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur (“I am Christ”) or paranoid delusion (“Everyone is out to get me “).
   F. Hallucinations of any of the five senses (i.e.: hearing voices commanding the person to act, feeling one’s skin crawl, smelling strange orders); and /or the belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.

4. Mental illness should be distinguished from:
   A. Drug abuse, alcoholism, or mental retardation
   B. Declining mental abilities that directly accompany impending death
   C. Character and personality disorders characterized by life-long and deeply ingrained antisocial behavior patterns
   D. Sexual behaviors that are abnormal and prohibited by statute
5. When interacting with mentally ill subjects, officers should be aware the individual may be a danger to themselves and/or others.

5. INTERACTION WITH PERSONS AFFECTED BY MENTAL ILLNESS OR IN CRISIS

1. Officers should consider the following when interacting with a person affected by mental illness or in crisis:
   A. Preferable to utilize or request a CIT Officer, if available.
   B. Request a backup officer respond in cases where a person affected by mental illness or in crisis will be taken into custody.
   C. When possible, avoid using emergency lights and sirens.
   D. Any available information that might assist in determining the possible cause and nature of the mental illness, such as developmental disabilities, intoxication or chemical dependency.
   E. Conflict resolution and de-escalation techniques.
   F. Language that is appropriate for interacting with a mentally disabled person.
   G. Take steps to calm the situation. Assume a quiet non-threatening manner when communicating with the individual, if possible. Officers should operate with the understanding that time is an ally and there is no need to rush or force the situation.
   H. Attempt to avoid topics that may agitate the individual (i.e.: threatening the individual with arrest).
   I. Gather information on the individual from witnesses, acquaintances and family members. This includes contacting the Maricopa Crisis Line for any background information that is available regarding an individual.
   J. Avoid misleading statements.
   K. Offer mental health referral information to the individual and/or family members.
   L. Exhibit a level of communication in order to establish rapport.
   M. Speak simply, in a calm and reassuring voice.
   N. Explain that you are there to help.
   O. Listen to the person.
   P. Be aware of your actions. Your own actions such as moving suddenly, continuous direct eye contact, or touching the person may have an adverse effect on the situation.
   Q. Announce actions before initiating them.
2. Determine the severity of the behavior, the potential for change in the behavior, the potential for danger presented by the individual to themselves or others, and establish if a crime has been committed. Take appropriate means necessary to protect the individual and any other persons.
3. Once sufficient information has been collected, the following should occur:
   A. If an individual is exhibiting characteristics of Mental Illness they will be encouraged to voluntarily admit themselves to an Urgent Psychiatric Care Center, or a recognized in-patient psychiatric facility.

B. If the person affected by mental illness or in crisis has not committed an arrestable offense, but is violent toward others or is an immediate threat to self, the individual must undergo a psychiatric evaluation.

C. Depending on the circumstances, the officer may need to complete an involuntary custody petition when the person affected by mental illness or in crisis has made threats to self or others and is unable or unwilling to voluntarily admit themselves.

D. A mental health evaluation will be completed at a psychiatric urgent care facility on individuals deemed to be a danger to themselves or others.

E. If a crime has been committed, document the incident and determine the appropriate course of action, i.e., arrest, cite and release, voluntary/involuntary commitment, etc.

1. Note - Officers should remember that having a mental illness is not a crime. No individual shall be arrested for behavioral manifestations of mental illness that are not criminal in nature.
2. If an officer is unable to make a determination on whether a subject meets the criteria of an involuntary custody petition, or needs guidance during a mental health contact, immediate contact to the Maricopa County Crisis Response Network should be made to assist with mental health professional advice and options at 602-222-9444.

4. Resource Availability

A. Mercy Care is the Regional Behavioral Health Authority (RBHA) for Maricopa County and contracts with a variety of community agencies to provide both crisis services and longer-term outpatient services for behavioral and physical health needs.

B. Law-enforcement and community members may contact the Maricopa Crisis Line at 602-222-9444 or 1-800-631-1314, 24 hours a day/7 days a week, for assistance with persons in a behavioral health crisis and locating resources.

C. Urgent Psychiatric Care Centers in Maricopa County - Facilities that screen and evaluate adult mental health patients:

1. The Recovery Innovations Recovery Center (RRC) located at 11361 North 99th Avenue, Suite 402, Peoria, Arizona, 85345, 602-650-1212.
2. The Urgent Psychiatric Care Center (UPC) located at 1201 South 7th Avenue, Phoenix, Arizona, 85007, 602-416-7600.
3. The Community Psychiatric Emergency Center (CPEC) located at 358 East Javelina Avenue, Mesa, Arizona, 85210, 877-931-9142.
4. Community Bridges located at 824 N. 99th Avenue, Avondale, Arizona 85323, 623-643-9678

D. RRC, UPC, CPEC and CBI accept voluntary and involuntary patients.

5. Voluntary Patients: those who willingly present themselves and sign in to the facility.

A. In the absence of a Mental Health Order of Detention or emergency requirements, adults who are in behavioral crisis may **voluntarily** submit to an evaluation by:

1. Mobile Crisis Teams (available to respond to non-violent situations by calling the Maricopa County Crisis Response Network)
2. RRC, UPC and CPEC
3. Copper Springs Treatment Facility located at 10500 West McDowell Road, Avondale, AZ.
4. Community Bridges 24/7 West Valley or East Valley Access Point and Transition Point located at 824 North 99th Avenue, Avondale, AZ.

B. If the individual is **intoxicated** by drugs and/or alcohol: the officer(s) will:

1. Call Community Bridges

2. Explain the circumstances to the intake operator; the officer should arrange transportation for the individual or the officer may transport to Community Bridges.

6. Intoxicated non-violent adults may **voluntarily** submit to an evaluation by:
   A. Mobil Substance Abuse Outreach Team (available to respond to non-violent situations) 623-643-9680.
   B. Community Bridges (24/7) West Valley or East Valley Access Point and Transition Point 824 N 99th Ave, Avondale, AZ.
7. Involuntary Patients: those who are either brought in for treatment by another person or who have an emergency mental health order of detention requested for them by someone else who has knowledge they are a danger to themselves or others.
   A. A person requesting an emergency mental health order of detention for someone else must sign an application for emergency admission and swear to its truthfulness (Ari zona Revised Statute (ARS) 36-524).
      1. The application must be reviewed by a mental health admitting officer who decides if there is cause to have the individual brought to an urgent psychiatric care center.

6. CUSTODY GUIDELINES FOR PERSONS AFFECTED BY MENTAL ILLNESS OR IN CRISIS

1. Whenever possible, the officer should obtain the name and contact information of any witness to the violent or destructive behavior exhibited by the person affected by mental illness or in crisis.
2. If the person affected by mental illness or in crises is a danger to self (DTS) or danger to others (DTO), refuses to submit to lawful police custody and is within the immediate control of officers, an objectively reasonable amount of force may be utilized to take the individual into custody.
3. If the person affected by mental illness or in crises is a danger to others (DTO), refuses to submit to lawful police custody, is not within immediate control of officers is contained within a structure, and is armed or suspected to be armed, verbal communication should be attempted and if the incident is deemed a barricade situation refer to policy 3.25 Hostage and Barricaded Persons.
4. Restraining Protocols
   A. In-Custody persons affected by mental illness or in crisis that do not require medical attention, will be transported to an urgent psychiatric care facility by police vehicle.
   B. Prior to transport a supervisor will be notified. Officers will search and handcuff the person affected by mental illness or in crisis in accordance with policy 3.05 Handcuffing and Restraints.
5. Emergency medical Treatment for Persons Affected by Mental Illness or in Crisis
   A. When **emergency medical treatment** at a hospital is necessary, medical clearance from the hospital must be obtained prior to transporting to a police, detention or urgent psychiatric care facility.
   B. The persons affected by mental illness or in crisis should be taken to a hospital via ambulance. One officer shall accompany the individual in the patient area of the ambulance while a second officer follows the ambulance in a patrol vehicle. The accompanying officer shall:
      1. Inform the examining physician of the custodial circumstances and any application of use of force by police.
      2. Notify Hospital Emergency Department staff that upon medical clearance, Goodyear Police shall be notified prior to the subject's discharge.
   C. Upon notification by hospital staff of a subject medical release and pending discharge, the subject shall be taken into police custody and transported to a psychiatric urgent care facility.

7. INVOLUNTARY CUSTODY PETITION:

1. Under ARS 36.525.B, police officers may take into custody any individual they have probable cause to believe is a danger to themselves or others, as a result of a mental disorder.
    A. Officers making this determination shall notify a supervisor.
2. An Involuntary Custody Petition (Emergent Order) applies when the following exist:
    A. A person affected by mental illness or in crisis meets all of the following criteria:
        1. Will not voluntarily submit to a psychiatric evaluation.
        2. Is a DTS or DTO.
        3. Does not require medical attention or has been medically released.
    B. A person affected by mental illness or in crisis meets all of the following criteria **AND** has committed a crime of violence:
        1. Will not voluntarily submit to a psychiatric evaluation.
        2. Is a DTS or DTO.
        3. Does not require medical attention or has been medically released.
        4. When reasonably possible, the person affected by mental illness or in crisis WILL be booked into jail on criminal charges **AND**
            1. An emergent order petition SHALL be completed and given to the detention staff for presentation to court at time of initial appearance.
        5. If the IA court determines the person affected by mental illness or in crisis will be released (O.R.), the court desk will notify Goodyear Police Communications and an officer will be dispatched to the jail to take the person affected by mental illness or in crisis for psychiatric evaluation at the appropriate facility.
        6. When the crime committed is not violent in nature (i.e.: trespass, Disorderly Conduct, etc.), officers MAY consider mental health evaluation a priority over incarceration and Criminal charges will be submitted via long form complaint.
3. Heavy drinking or drugs may cause an otherwise "normal" person to act in a mentally disturbed manner.
    A. When an emergency admission is necessary, officers should inform the admitting officer if they believe that alcohol or drugs contributed to the subject's behavioral change.
    B. A patrol officer will transport the person affected by mental illness or in crisis to the Urgent Psychiatric Care Facility.
        1. On arrival, drive to the back door that is clearly marked "Police Entrance" and ring the buzzer for an intake member.
        2. An Admission Officer will gather information from the officer.
        3. At least one (1) officer who witnessed the violent and/or destructive behavior or has developed probable cause must be present at time of commitment.
        4. The officer completes the petition citing any other witnesses and his/her contact information.
        5. After doctor review and approval, the person affected by mental illness or in crisis is released to the care of the Psychiatric Urgent Care Facility.
4. If the patient is violent or potentially violent, the officer will notify the staff. The staff member in charge will have discretion as to whether soft restraints will be used. If these restraints are desired, the officer will wait while they are being applied to help provide physical control of the patient, if needed.
5. The officer and any witnesses may later be required to testify at court if the petition is filed.

6. The written/typed Application for Emergency Admission "Mental Health Petition" will be made at the appropriate evaluation screening facility by a person with knowledge of the facts relative to the unusual behavior, or probable cause obtained by an officer during their investigation.
    A. Family or friends of the subject who have witnessed the behavior indicative of mental illness should be advised to proceed to the appropriate evaluation facility and to relay their observations to the admitting officer and/or be listed on the involuntary petition as a witness.
    B. Officers do not need to personally witness unusual behavior for an Emergency Admission, but may develop probable cause through credible witness statements, video, evidence, etc.
7. Procedures/responsibilities for applications for emergency admission submitted by an on-scene officer
    A. These are situations where an officer has probable cause to believe the person is:
        1. An adult.
        2. A danger to self or others (DTO/DTS) due to a mental disorder.
        3. Unwilling or unable to accept voluntary treatment.
    B. Due to the emergent nature of this situation, if the officers are able to articulate all three of the above elements, they may detain and transport the individual directly to an urgent psychiatric center and complete the application for emergency admission at that location to initiate the evaluation process.
        1. The officer must sign the application for emergency admission.
8. Urgent Psychiatric Care Center Responsibilities
    A. The mental health admitting officer will review the application and determine if the individual will be accepted on an involuntary basis.
    B. Once the application has been reviewed and accepted, the urgent psychiatric care center will take responsibility of the individual.
        1. The officer will retain a copy of the application for the emergency admission form and will include it in the Department Report.

8. EMERGENCY MENTAL HEALTH PICK UP ORDER

1. Emergency Mental Health Order of Detention is a mental health pick-up order issued by a mental health admitting officer based upon the review of the application for emergency evaluation.
2. Per ARS 36-524 only a mental health admitting officer of an evaluation agency has the authority to order a police officer to pick up and detain an individual for an emergency evaluation.
    A. A supervisor from an urgent care center is not authorized to order the pick-up.
3. Procedural /responsibilities for applications for emergency admission submitted by someone other than on-scene police officer:
    A. Mental Health Admitting Officer:
        1. Will email/fax the emergency mental health pick-up order to the Communications Division.
    B. Communications Division:
        1. Upon receiving a request for an emergency mental health pick-up order, a mental health transport call (918) will be created and the on-duty patrol supervisor notified.
            1. It will be the practice of the Goodyear Police Department that if available, an officer that has completed the Crisis Intervention Training (CIT) will be dispatched to the call.
        2. The emergency mental health pick-up order will be picked up by the assigned officer directly from the Communications Center or the order can be scanned and emailed to the officers City email.
    C. Police Officers:

1. Prior to picking up the named individual, officers will validate the emergency mental health pick-up by reviewing the order emailed to the officer.
2. Officers will request any available information regarding violence potential, weapons, patient history, what has worked in the past, and any other circumstances.
3. Emergency mental health orders will be treated like an arrest warrant.
4. After verification of the order, officers will make a reasonable effort to locate and transport the individual to the designated urgent psychiatric center.
5. To ensure the officers' and individuals' safety, if officers are denied entry the officers will treat the situation as unable to be served.
6. Officers will not provide additional security for the individual once at the urgent psychiatric care center.
7. Officers will complete an report if the contact was successful, summarizing the details, and noting the name of the admitting officer and the doctor (if one was involved).
    1. A copy of the Emergency Mental Health pick-up order will be included as an electronic attachment to the officer's case report.

D. Hospital Requested Emergency Mental Health Detention:
1. A psychologist, doctor or nurse at a hospital who examines the patient and believes the patient to be a danger to self or others, may telephone an admitting officer at an urgent psychiatric care center to discuss the specific case.
2. If the admitting officer believes the individual should be detained and transported to an urgent psychiatric care center, the admitting officer may so order the detention by issuing a pickup order.
3. The conversations between the admitting officer and nurse, MD, DO or Psychologist requesting the detention MUST BE CONDUCTED IN THE PRESENCE OF A POLICE OFFICER in lieu of having the written and/or telephonic application for emergency admission to transport (ARS 36-524).
4. The police officer speaking with the admitting officer on the phone will verify the:
    1. Identity of the admitting officer.
    2. Admitting officer is authorizing the detention.
    3. Admitting officer is ordering the officer to transport the individual to an urgent psychiatric care center.

4. Unable to Serve
A. If an attempt to serve is unsuccessful the case officer shall complete detailed CAD notes of each attempt to serve.
B. The unserved order shall be returned to dispatch and the call for service shall be reactivated as a Priority 4 call for the next shift.
C. The on-duty supervisor shall notify the on-coming patrol supervisor of the order awaiting service.
D. Attempts will be made by each oncoming patrol shift until the order is served or until the expiration of 24 hours from the time of receipt. At this time the case officer will contact the issuing agency and notify them that service attempts have been made and have now expired, unless new leads to the subject's location can be provided. A new order will then need to be sent to re-initiate service attempts.
    1. This information will be documented in a detailed CAD note, and the order shall be shredded.

9. NON-EMERGENCY MENTAL HEALTH ORDERS (NEMHO) OF DETENTION.

1. Non-Emergency Mental Health Orders (NEMHO) of Detention are from Superior Court, signed by a judge, authorizing the detention of an individual for mental health care/evaluation.
2. Procedural /responsibilities for non-emergency mental health orders (NEMHO):
    A. Communications Division:
        1. Upon receiving a NEMHO call for service, a Communications supervisor will verify the:
            1. NEMHO has been received
            2. NEMHO has not expired
            3. Name of the petitioned is the same as the subject named on the call for service
        2. Create a mental health transport call (918), add notes to the call detailing the verified information, and dispatch the call to a CIT trained officer if available.
            1. If a CIT officer is not available, then the call will be dispatched to the district officer
        3. The dispatched officer will pick up the NEMHO at the Communications Center or the order can be scanned and emailed directly to the officer's City email.
            1. If the order is scanned and emailed to the officer, the faxed copy of the order can be destroyed once it has been confirmed that the officer has received the order.
    B. Police Officers:
        1. Prior to contacting the petitioned, officers will review the NEMHO and verify the:
            1. Date of petition
            2. Date of the court ordered treatment has not expired
            3. NEMHO is signed by a judge
        2. After the verification of the NEMHO, officers will identify any hazards associated with the NEMHO and notify the on-duty supervisor.
        3. Officers will make a reasonable effort to take the petitioned into custody and transport him/her to the urgent psychiatric care center listed on the NEMHO.
            1. Officers are authorized to take the petitioned of an NEMHO into custody against his/her will: however, if officers are denied entry, the situation will NOT be treated as a barricade and officers will go back into service.
        4. An electronic copy of the NEHMO will be included as an attachment to the officer's case report.
    C. Supervisors:
        1. A supervisor will be notified of all Non-Emergency Mental Health Pick-Up Orders being served within the City of Goodyear.
3. Unable to Serve
    A. If an attempt to serve a Non-Emergency Mental Health Order is met with negative results, details of any service attempt will be documented in CAD notes.
    B. The unserved order shall be returned to dispatch and the call for service shall be reactivated as Priority 4 for the next oncoming shift.
    C. The on-duty supervisor shall notify the on-coming patrol supervisor of the order awaiting service.
4. If upon contacting the Mental Health Admitting Officer who issued the order it is determined that the order is no longer valid, the order will not be served and the information will be documented in a case report. The canceled order shall be added as an attachment to the case report.
5. Attempts will be made by each oncoming patrol shift until the order is served, the petitioned is determined not to reside or work at the listed location, or until the expiration of 72 hours from the time of receipt. At this time the case officer will contact the issuing agency and notify them that

service attempts have been made and have now expired, unless new leads to the subject's location can be provided. A new order will then need to be sent to re-initiate service attempts.

6. This information will be documented in a detailed CAD note, and the order shall be shredded.

10. VOLUNTARY PATIENTS

1. Non-Violent Adults
   A. In the absence of a Mental Health Order of Detention or emergency requirements, adults who are in a behavioral crisis may voluntarily submit to an evaluation by:
      1. Mobile Crisis Teams (available to respond to non-violent situations by calling the Maricopa Crisis Line)
      2. UPC, RRC, or CPEC
      3. Copper Springs Treatment Facility, 10550 W McDowell Rd. Avondale, AZ 85392
      4. Community Bridges 24/7 Access Points and Transition Points West Valley, 824 North 99th Ave., Avondale, AZ
      5. Consideration should be given to calling the Goodyear Fire Department Crisis Response Team to assist with transportation.
2. Intoxicated Adults
   A. Intoxicated non-violent adults may voluntarily submit to an evaluation by:
      1. Community Bridges 24/7 West Valley or East Valley Access Point and Transition Point, 824 N 99th Ave, Avondale, AZ 85323
3. Juveniles
   A. Police Officers do not have the authority to petition a juvenile for involuntary psychiatric treatment.
   B. Officers may call the Maricopa Crisis Line to request assistance for juveniles who appear to have a mental illness.
   C. Only parents, legal guardians and DCS have the authority to take a minor that is voluntary or involuntary to a psychiatric care center.
      1. In situations where a parent, legal guardian or DCS is requesting the assistance of police in transporting a juvenile to a psychiatric care center, officers must obtain supervisor approval.
   D. Officers shall not handcuff a compliant, non/aggressive and/or non-combative juvenile. Refer to Policy 3.05 Handcuffing and Restraining.
   E. Juveniles will be detained at the Juvenile Court Center (JCC) detention facility if they have committed an offense and there is no reasonable person to care for them.

11. DOCUMENTATION/REPORTING

1. Criminal Charges
   A. A Department report shall be completed if a crime has occurred.
   B. When valid criminal charges or warrants are present as well as a NEMHO or Emergency Petition, the on-duty Supervisor shall determine whether or not to book the individual or transport to a psychiatric care center. The supervisor will evaluate the severity of the crime versus the severity of the details listed on the Order.
      1. Officers will advise jail personnel of the subject's unstable mental health condition.
      2. The Maricopa County Sheriff's Office (MCSO) jail is an evaluation agency with psychologists on staff.
2. If no crime has occurred and a subject is transported an Case Report shall be completed.

A. The subject's behavior, potential for violence, or any other factor that would serve as investigative intelligence should be documented included in the Case report.

B. NOTE: Complainants will be informed at the time of the request that the report is for documentation only and no follow-up will be provided by the Department.

12. SAFEKEEPING OF FIREARMS AND OTHER WEAPONS

1. Whenever a person has been detained or taken into custody under mental health laws and is found to own, have in their possession or under their immediate control any firearm or other deadly weapon, the firearm or other deadly weapon shall be taken for safekeeping by the handling officer.
2. The firearm or other deadly weapon shall be booked into property.
3. Officers are cautioned that a search warrant may be needed before entering a residence to search unless lawful, warrantless entry has already been made (e.g., exigent circumstances, valid consent).
4. The handling officer shall advise the person of the procedure for the return of any firearm or other deadly weapon that has been taken into custody.

13. STATE HOSPITAL PATIENTS – ESCAPEES

1. A mentally ill person who has escaped from the State Hospital may be returned directly to the State Hospital.
   A. Recommitment proceedings are not necessary.
   B. This includes intoxicated patients.
2. When the escapee is located, State Hospital staff should be notified at 602-220-6100 so they can make proper transportation arrangements.
3. Serious Crime
   A. A State Hospital escapee who has committed a serious crime will be booked directly into jail.
      1. **EXCEPTION**: If the escapee has violent or suicidal tendencies, they **will be** returned to the State Hospital.
   B. The arresting officer will be responsible for notifying the State Hospital of the custody.

14. DISPOSITION OF CALLS FOR SERVICE

1. When clearing any call for service where there was direct involvement or enforcement actions taken on a person who appears to be suffering from mental illness or is in crisis, the disposition code of ‘18’ will be added to the call, in addition to any other disposition codes necessary to clear the call for service.

15. TRAINING

1. As part of advanced officer training programs, this agency will endeavor to include department-approved training on interaction with mentally disabled persons. The Goodyear Police Department is currently and will remain actively involved in the West Valley Crisis Intervention Coalition. The Goodyear Police Department is committed to training its sworn and non-sworn personnel in Crisis Intervention.