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| <p>MESA POLICE</p> <p>Department Policy Manual</p> | <p>Responding to Persons Affected by Mental Illness or In Crisis</p> | <p>DPM 2.5.10 Effective Date 12/28/2016 Revised 03/14/2023</p> |
| <p>Approved by: Chief of Police</p> | <p>Chapter: First Responder Incidents</p> | <p>Page: 1 of 9</p> |

1. PURPOSE

The purpose of this policy is to provide guidance to Mesa Police Department (MPD) members for responding to and appropriately resolving situations involving persons displaying behavior consistent with mental illness or in crisis.

2. AUTHORITY

Under authority of [Arizona Revised Statutes \(ARS\) 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).

3. POLICY

- A. When persons appear to present a danger to themselves or others, the MPD’s primary concern will be to protect the persons affected by mental illness or in crisis, the officers, and other citizens.
- B. Members of the MPD will work in collaborative effort with local mental health professionals to enhance the quality of life for those who suffer from mental illness or are in crisis.
- C. Responding to situations involving individuals who members reasonably believe to be affected by mental illness or in crisis:
 1. Carries the potential for violence;
 2. Requires an officer to consider the mental state and intent of the individual; and
 3. Necessitates the use of special police skills, techniques, and abilities to effectively and appropriately resolve the situation while avoiding unnecessary violence and potential civil liability.
- D. The goal shall be to deescalate the situation safely for all individuals involved when reasonable, practical, and consistent with established safety priorities.
- E. In the context of enforcement and related activities, members shall be guided by Arizona’s law regarding the detention of persons affected by mental illness or in crisis.
- F. Members shall use this policy to assist them in determining whether a person’s behavior is indicative of mental illness or in crisis and to provide guidance, techniques, and resources so that the situation may be resolved in as constructive and humane a manner as possible.

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4. DEFINITIONS

Crisis: An individual’s emotional, physical, mental, or behavioral response to an event or experience that results from trauma. A person may experience crisis during times of stress and when normal coping mechanisms are ineffective. Any individual can experience a crisis reaction regardless of previous history of mental illness. 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 “fight or flight” response.

Crisis Intervention Team (CIT) Officer: The CIT Officer is an information resource to help direct an individual with mental illness or in crisis to available services or resources after a call is stabilized.

- While the CIT Officer has de-escalation training, the CIT Officer is not to be used in the capacity of negotiator.
- A CIT Officer may be used to transport an individual to one of the many mental health resources (e.g., Community Bridges, UPC, Veterans Hospital, etc.).
- The CIT Officer may also be utilized for an individual who is a DTS, DTO, or in a crisis state (not barricaded or known to be in possession of weapons).
- The CIT Officer can access a vast number of resources when responding to, or while on call, to gather additional information from the Maricopa Crisis Response Network, the VA Hospital, or others where information can be obtained.

Crisis Intervention Team (CIT) Program: The CIT Program is an innovative, first-responder model of police-based crisis intervention with community, health care, and advocacy partnerships.

- The CIT Model was first developed in Memphis and has spread throughout the country. It is known as the “Memphis Model”.
- 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.
- CIT is a program in patrol that provides the foundation necessary to promote community and state-wide solutions to assist individuals with mental illness.
- The CIT Model reduces both stigma and the need for further involvement with the criminal justice system.

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- The 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 sustainable change.
- Basic Goals: Work to promote and improve consumer resources. When possible, safely redirect individuals suffering from mental illness or in crisis from the judicial system to the health care system.
- CIT members will attend quarterly CIT trainings to learn CIT trends, best practices, and improve skills and proficiency.

Danger to Others (DTO): [ARS 36-501](#) defines “Danger to Others” as:

- The judgement 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.

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 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 gravely disabled.

Detention/Detain: [ARS 36-501](#) defines “Detention” as:

- The taking into custody of a patient or proposed patient.

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 statute unless the behavior results from a mental disorder.

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Mental Illness: An impairment of an individual's normal cognitive, emotional, or behavioral functioning caused by physiological or psychological factors. A person may be affected by mental illness if he or she displays an inability to:

- Think rationally (e.g., delusions or hallucinations);
- Exercise adequate control over behavior or impulses (e.g., 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.

Mobile Crisis Team: Mobile teams, consisting of mental health contactors, that can be requested by patrol to respond immediately, city-wide, to incidents involving a behavioral health crisis.

Suicidal Barricade: A barricade situation in which a person affected by mental illness or in crisis is a DTS or a DTO, refuses to submit to lawful police custody, is not within the immediate control of officers, and is contained within a structure.

5. GUIDELINES

5.1 Recognizing Persons Affected by Mental Illness or In Crisis

- A. Members are not expected to make clinical judgements 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 in crisis.
- B. Members should evaluate the symptoms and related behavior reference an individual's mental state based on the totality of the situation and determine the need for intervention, absent the commission of a crime.
- C. Reactions (of persons suffering from mental illness or in crisis) to legally prescribed psychiatric medications, narcotics, alcohol, or temporary emotional disturbances can trigger a potentially dangerous or destructive incident.
- D. Behavioral Signs:
 1. The following are generalized signs and symptoms of behavior that may suggest mental illness or being 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. Paranoia, guarded body language, talks to self or others who are not present;
 - b. Hears voices from those not present;
 - c. Paces or walks in circles, unable to process simple instructions;
 - d. Unresponsive when spoken to, angry, or irritable;
 - e. Strong and unrelenting fear of persons, places, or things;

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- f. Extremely inappropriate behavior for a given context;
 - g. Frustration in new or unforeseen circumstances;
 - h. Inappropriate or aggressive behavior in dealing with the situation;
 - i. 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;
 - j. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ") or paranoid delusions ("Everyone is out to get me");
 - k. Hallucinations of any of the five senses (e.g., hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors); and/or
 - l. 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.
- E. Verbal Signs:
- 1. Fragmented thoughts or slow or deliberate speech;
 - 2. Rapid speech, disjointed sentences, or off topic statements;
 - 3. Loud or soft speech, mumbled communication; and/or
 - 4. Admissions of wanting to hurt self or others.

5.2 Dealing with Persons Affected by Mental Illness or In Crisis

Consider the following when dealing with a person affected by mental illness or in crisis:

- A. Request a Mobile Crisis Team respond, if available. Mobile Crisis Teams:
 - 1. Are provided by EMPACT/Community Bridges, Inc. (CBI).
 - 2. Are available to respond immediately, city-wide, to assist patrol.
 - 3. Must have a willing participant or family member.
 - 4. Cannot detain, force treatment, or force transport.
 - 5. Can transport willing participants in crisis.
 - 6. Can provide mental health information and referrals.
- B. Request a backup officer when dealing with persons affected by mental illness or in crisis.
- C. When possible, avoid using emergency lights and sirens.
- D. Take steps to calm the situation.
 - 1. Assume a quiet, non-threatening manner when communicating with the individual, if possible.
 - 2. Officers should operate with the understanding that time is an ally and there is no need to rush or force the situation.
- E. Attempt to avoid topics that may agitate the individual (e.g., threatening the individual with an arrest).

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- F. Gather information on the individual from witnesses, acquaintances, and family members.
- G. Be as truthful as possible.
- H. Offer mental health referral information to the individual and/or family members.
- I. If applicable, complete all Danger to Self (DTS) / Danger to Others (DTO) Mental Health Detainer (MHD) Petitions by the end of shift.

6. CUSTODY GUIDELINES

6.1 Taking Custody & Transport of a Person Affected by Mental Illness or In Crisis

- A. It is preferable to utilize a Mobile Crisis Team or CIT Officer, if available.
- B. It is recommended an officer take a person into custody for admission for emergency evaluation when there is probable cause to believe as a result of mental disorder, the person is a DTS or DTO absent a MHD.
- C. If the person affected by mental illness or in crisis is a DTS or DTO, refuses to submit to lawful police custody, is not within the immediate control of officers, and is contained within a structure, the incident will be deemed a barricade situation. See [DPM 2.6.5 Barricade Response](#).
 - 1. When a supervisor has determined to suspend contact at the scene without physical contact of the subject, the supervisor shall:
 - a. Notify dispatch and request the information be sent to the Crisis Network Dispatch for follow up.
 - b. Ensure a written report is completed prior to end of shift.
 - c. Place a Hazard file on the residence.
 - d. Ensure a MHD Petition is completed by the end of shift, if applicable. See [DPM 2.8.50 Mental Health Detainers & Court Orders](#).
 - Send MHD email notification to **PDMHST** notifying the MHST Sergeant of the MHD for case assignment and follow up/service by MHST Detectives.
- D. Officers should utilize the appropriate level of force, in a coordinated effort to overcome resistance by the person affected by mental illness or in crisis. Refer to [DPM 2.1.1 Use of Force](#).
- E. In-custody persons affected by mental illness or in crisis, who do not require medical attention, will be transported to a police or detention facility by police vehicle.
- F. Officers will adhere to [DPM 2.8.50 Mental Health Detainers & Court Orders](#) and [DPM 2.4.80 Transporting Prisoners – Other Than Holding Facility Van](#) when transporting persons affected by mental illness or in crisis to a mental health facility.

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- G. Officers will search and handcuff persons affected by mental illness or in crisis in accordance with [DPM 2.8.50 Mental Health Detainers & Court Orders](#) and [DPM 2.4.65 Restraining Devices](#).

6.2 Involuntary Evaluation Petition Procedures

- A. An Involuntary Evaluation Petition applies when a person affected by mental illness or in crisis meets all of the following criteria:
1. Will not voluntarily submit to a psychiatric evaluation or is not capable of seeking voluntary treatment.
 2. Is a DTS or DTO.
 3. Does not require medical attention or has been medically released.
- B. A two-officer patrol vehicle will transport the person affected by mental illness or in crisis to the CBI Community Psychiatric Emergency Center (CPEC) unless one officer is authorized by a supervisor to perform the transport.
1. On arrival, drive to the back door that is clearly marked “Police Entrance” and ring the buzzer for an intake member.
 2. If practical, the officer should complete the electronic petition Form A and Form B (found on the SharePoint [Mental Health Support Team \(MHST\)](#) subsite or [Resources](#) page under Forms, Mental Health) and e-mail it to coppetition@cbridges.com prior to arriving at CBI/CPEC.
 3. Once directed by the admissions staff, bring the person in through the police entrance.
 - a. Upon entering CBI/CPEC, the staff will take control of the person.
 4. The officer completing and signing the petition must develop probable cause and must be present at the time of commitment.
 - a. The officer completes the petition citing any other witnesses and his/her contact information.
 - b. The officer and any witnesses may later be required to testify at court if the petition is filed.
- C. Officers cannot complete emergent petitions for juveniles.
1. Officers will educate and assist parents/legal guardians through the process for seeking mental health treatment for juveniles. Refer to [DPM 3.5.45 Juveniles Affected by Mental Illness or In Crisis](#).

6.3 Persons Affected by Mental Illness or In Crisis Have Committed a Crime

- A. When the crime committed is violent in nature, when reasonably possible, the person affected by mental illness or in crisis **WILL** be booked into jail on criminal charges; **AND** an emergent order petition **SHALL** be completed.
- B. The completed petition will be taken to CBI/CPEC for review.
- C. On arrival at CBI/CPEC, drive to the back door that is clearly marked “Police Entrance” and ring the buzzer for an intake member.

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1. When admissions staff answers the door, tell them you have a petition for review.
 - a. The admissions staff will have the officer sign the required pages and take the petition for review.
 - b. Ensure CBI/CPEC is aware that the person is in custody in MPD's Holding Facility.
- D. Once the petition is approved, CBI will fax the pick-up order to MPD's Holding Facility.
 1. Officers can call **(480) 507-3186** to check the status of the petition.
- E. If the person is released by the IA Court, the detention staff will arrange for them to be transported to CBI/CPEC.
 1. If the person is not released, detention staff will send a copy of the petition to the facility where they will be held.
- F. When the crime committed is not violent in nature (e.g., Trespass, Disorderly Conduct, etc.), officers **MAY** consider a mental health evaluation a priority over incarceration and criminal charges can be submitted via Long Form Complaint.

6.4 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 or detention facility.
- B. The person affected by mental illness or in crisis should be taken to a hospital via ambulance.
 1. One officer shall accompany the individual in the patient area of the ambulance while a second officer follows the ambulance in a patrol vehicle.
 2. In situations where an ambulance is unavailable, a two-officer patrol vehicle will be utilized to transport persons affected by mental illness or in crisis to the hospital.
- C. Inform the examining physician of the custodial circumstances and any application of use of force by police.

7. INDIVIDUALS INTOXICATED BY DRUGS AND/OR ALCOHOL

- A. If an individual is intoxicated by drugs and/or alcohol and requires assistance, the officer should arrange transportation for the individual by calling Community Bridges at **(877) 931-9142**, or the officer may transport the individual to CBI/EVARC (East Valley Addiction Recovery Center) at **560 S. Bellview** in Mesa.

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B.

8. DOCUMENTATION

Document incidents involving persons suffering from mental illness or in crisis per the guidelines below.

8.1 DC1

- A. Complete a departmental report when:
1. There is suicidal ideation, a suicide attempt, injury, or transportation is made by the Mesa Fire & Medical Department (e.g., Ladder, Engine, etc.).
 2. An emergent petition is completed. Include:
 - a. The factual basis which indicated intervention was necessary.
 - b. A comprehensive description of the behaviors displayed by the individual.
 - c. Statements from all witnesses.
 - d. Relative information and/or details from prior incidents.
 3. Force is used.
 4. There is not sufficient probable cause to file a petition, but an individual's behaviors, actions, or statements need to be documented.

9. TRAINING

- A. Department members come into contact with persons affected by mental illness or in crisis during regular job duties and will be provided training upon being hired with the MPD.
- B. Training classes dealing with persons affected by mental illness or in crisis may be offered during a calendar year through the MPD Training Section. It is recommended first responders, in particular, participate when available.

REFERENCES

- [ARS Title 36, Chapter 5 - Mental Health Services](#)
- [DPM 2.1.1 Use of Force](#)
- [DPM 2.4.65 Restraining Devices](#)
- [DPM 2.4.80 Transporting Prisoners – Other Than Holding Facility Van](#)
- [DPM 2.6.5 Barricade Response](#)
- [DPM 2.8.50 Mental Health Detainers & Court Orders](#)
- [DPM 3.5.45 Juveniles Affected by Mental Illness or In Crisis](#)