3.17	**EFFECTIVE: August 3, 2012**	James Tsurapas, Chief of Police
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SUBJECT: INTERACTION WITH THE MENTALLY ILL - CRISIS INTERVENTION TEAM (CIT) & COMMUNITY RESPONSE TEAM (CRT)		
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3.17.1 PURPOSE

The purpose of this policy is to address the varying roles commissioned officers play in their encounters with people with mental illnesses.

3.17.2 POLICY

It is the policy of the Department to ensure a consistently high level of service is provided to all community members. Commissioned members shall afford people who have mental illnesses the same rights, dignity and access to police and other government and community services as are provided to all citizens.

Commissioned officers have the authority to initiate an emergency mental health hold on certain persons they contact. To initiate an emergency mental health hold, a commissioned officer must have probable cause to believe that the person is mentally ill and, as a result of such mental illness, appears to be an imminent danger to himself/herself or others, or, as a result of such illness, appears to be gravely disabled. The duration of an emergency mental health hold initiated by a commissioned officer can be up to 72 hours in an approved facility. See C.R.S. §27-65-105, as amended.

3.17.3 DEFINITIONS

The following definitions are found in C.R.S. § 27-65-102 for the "Care and Treatment of the Mentally Ill:" <41.2.7 a.>

'Danger to self or others' (4.5) means -

(a) With respect to an individual, that the individual poses a substantial risk of physical harm to himself or herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm to himself or herself; or

(b) With respect to other persons, that the individual 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 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 by the person in question.

Gravely Disabled means – as defined in C.R.S. § 27-65-102(9), a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about or providing for his or her 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 his or her essential needs that

could result in substantial bodily harm. A person of any age may be "gravely disabled", but such term does not include a person whose decision-making capabilities are limited solely by his or her developmental disability.

Mental Health Disorder means - as defined in C.R.S. §27-65-102(11.5), 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 pursuant to the provisions of article 65. 27-65-105(1) C.R.S. Emergency procedure may be invoked under one of the following conditions:

(a)(I) When any person appears to have a mental health disorder and, as a result of such mental health disorder, appears to be an imminent danger to others or to himself or herself or appears to be gravely disabled, then an intervening professional, as specified in subsection (1)(A)(II) of this section, upon probable cause and with such assistance as may be required, may take the person into custody, or cause the person to be taken into custody, and placed in a facility designated or approved by the executive director for a seventy-two-hour treatment and evaluation. If such a facility is not available, the person may be taken to an emergency services facility.

(I.5) When any person appears to have a mental health disorder and, as a result of such mental health disorder, is in need of immediate evaluation for treatment in order to prevent physical or psychiatric harm to others or to himself or herself, then an intervening professional, as specified in subsection (1)(A)(II) of this section, upon probable cause and with such assistance as may be required, may immediately transport the person to an outpatient mental health facility or other clinically appropriate facility designated or approved by the executive director. If such a facility is not available, the person may be taken to an emergency medical services facility.

(II) The following persons may act as intervening professionals to effect a seventy-two-hour hold as provided in subsections (1)(a)(I) and (1)(a) (I.5) of this section:

(A) A certified peace officer.

3.17.4 PROCEDURE <41.2.7 c.>

Guidelines for Responding

The following preliminary steps should be taken when a commissioned officer comes into contact with a person who, pursuant to the above-described factors, is believed in good faith to be mentally ill. These steps should be followed in all contacts, whether on a call or during more formal interviews and interrogations.

A. Assess the need for emergency medical treatment or intervention and notify rescue and/or arrange for transportation to a medical facility, if appropriate. Commissioned officers transporting a person believed to be mentally ill to a medical facility should notify the Communications Section, pursuant to the policy on "Transportation of Detainees" contained in the PD Manual.

B. Assess whether probable cause exists for an emergency mental health hold, based on appearance of mental illness and either imminent danger to self or others, or gravely disabled due to mental illness.

C. Assess whether the person is under the influence of alcohol or drugs, in addition to those factors found in (B) above.

D. Determine if the person is actively or immediately suicidal. Some factors to consider in determining if the person is a high risk for suicide include:

1. showing signs of significant depression;

2. showing signs of either loss of rational thinking, obsession, delusions or hallucinations;

3. having an organized plan or thoughts of homicide and/or suicide, coupled with the lethal means (weapons, drugs, devices) to act on those plans.

E. Where probable cause exists, and either the person agrees to voluntarily be transported to a medical or mental health facility, or the person meets the criteria for an Emergency Mental Health Hold (M-1), commissioned officers will contact the nearest medical facility or appropriate mental health facility for an emergency mental evaluation or arrange for transport by the Fire Authority to an appropriate emergency room on all persons who display signs of mental illness or are gravely disabled, regardless of drug or alcohol intoxication at time of contact. The purpose is to provide the commissioned officer with a resource to arrange for the evaluation, placement and monitoring of a person with suspected mental illness. Officers should use facilities that specifically address mental health concerns where there is no need for emergency medical treatment at an emergency room.

F. No person will be arrested for behavioral manifestations of mental illness that are not criminal in nature. Taking a mentally ill person into custody can occur only when the person:

1. has committed a crime, or

2. presents a danger to the safety of himself/herself or others and meets the criteria for an Emergency Mental Health Hold (M-1).

3.17.5 PROCEDURES FOR ACCESSING RESOURCES

Department members can request resources through the Communications Section who has access to referral information for available community mental health resources and authorized emergency evaluation facilities. During training, department members will be familiarized with resources for accessing available community mental health resources which include but are not limited to: <41.2.7 b.>

A. Local Mental Health Facilities;

B. Local Medical Facilities;

C. Department of Human Services;

D. Arapahoe/Douglas Mental Health Network;

E. Trained Crisis Intervention Team (CIT) members; and

F. Community Response Team (CRT).

3.17.6 DISPOSITIONS AVAILABLE <41.2.7 b.>

A. Use of the M-1 Emergency Mental Health Hold Form

Commissioned officers invoking an emergency mental health hold for a subject meeting the requirements of this policy will complete the emergency illness report and application also known as the M-1. Additionally, the M-1 will be completed when either:

1. the person is actively or immediately suicidal/dangerous to others; or

2. the person appears to be gravely disabled due to mental illness.

B. Suspected Mentally Ill Persons Who Require Medical Treatment (Injury or Overdose)

If a person requires emergency medical treatment for injuries or a potential life-threatening overdose, that person should be transported to a medical facility by the Fire Authority. The commissioned officer will then contact the medical facility to have the person mentally evaluated.

C. Suspected Mentally Ill Persons – Sober (Cooperative or Combative)

Where appropriate, the person will be transported to the appropriate mental health facility or appropriate medical facility or arrangements made for a mental health evaluation through the nearest receiving facility. The commissioned officer will complete the M-1 form if:

1. the person is actively or immediately suicidal/dangerous to others; or

2. the person appears to be gravely disabled due to mental illness.

The commissioned officer should assist the facility with the person until that person is secured in a designated ward of that facility.

D. Suspected Mentally Ill Persons – Intoxicated (Cooperative or Combative)

1. Persons who display signs of being an imminent danger to themselves or others and are intoxicated or under the influence of drugs may not be able to be evaluated until they are sober. The commissioned officer should contact the Fire Authority to arrange for a transport to the nearest mental health facility or appropriate medical facility for an M-1 evaluation where, after the person becomes sober, he/she can be evaluated by mental health personnel. The commissioned officer may be required to complete the M-1 as part of the intake process.

2. If the person becomes violent or combative, the M-1 will allow for the person to be placed into a lock-down ward for safe monitoring. This will eliminate the need for holding intoxicated, uncooperative mental persons at the Douglas County Detention Center on a detoxification hold pending mental evaluation when sober.

3.17.7 OTHER HOLDS ON SUSPECTED MENTALLY ILL PERSONS

A. Persons who are being held on criminal charges, warrants or for bond in any other matter, are not to be handled as emergency mental health holds. In cases where a mentally ill person is being held as indicated above or displays potential for suicide, special care should be given to the monitoring needs of the person and detention center personnel must be fully briefed of the person's condition.

B. Under no circumstances will a person be held in a detention center, TDF or other place used for the confinement, as provided in C.R.S. § 27-65-105(2), as amended. If a commissioned officer arrests a person and there is reason for concern for the mental health of the person, the following process will be followed to ensure the person is evaluated prior to release:

1. The commissioned officer will note all concerns regarding the mental health of the person in the offense report. This will allow mental health caseworkers, judges, district attorneys or others to review the concerns quickly and arrange for proper disposition and care of the person.

2. The commissioned officer will make detention center personnel fully aware of the person's condition so that they can ensure that an evaluation is arranged prior to the person being released on bond.

3. Where criminal or related charges have been resolved but complete detoxification of the person remains an issue, the commissioned officer should take the person to a detoxification center to be held for evaluation, until sober.

4. The supervising commissioned officer will determine a proper course of action for any special circumstances or conditions that may arise in cases where a mental health concern and criminal charges coexist.

3.17.8 CRISIS INTERVENTION TEAM (CIT)

A. The Crisis Intervention Team (CIT) is comprised of persons who have successfully completed the 40-hour CIT certification training. The purpose of the team is to enhance the capabilities of the Department to effectively intervene and de-escalate crisis situations involving mentally ill or developmentally disabled citizens. CIT is a community partnership with mental health care providers, hospitals, advocacy groups and local and state law enforcement agencies.

B. Commissioned officers may request the assistance of a certified CIT member in situations where intervention offers a viable option. Whenever the person in such situation requests a CIT member, the primary commissioned officer will ensure that the Communications Section is notified to assist in locating an on-duty CIT member available to respond to the scene.

C. The CIT coordinator shall be responsible for the distribution of the appropriate paperwork upon any CIT response.

D. The following procedures apply to the CIT:

1. Commissioned officers may request the assistance of a CIT member in situations where intervention is a viable option. Whenever the subject of a situation requests a CIT member, the primary commissioned officer will ensure that the Communications Section is notified and assistance requested in locating an on-duty CIT member available to respond to the scene.

2. CIT members shall be permitted to cross district boundaries to handle appropriate calls for service.

3. CIT members shall be allowed to use such reasonable amount of time as they deem necessary to successfully de-escalate persons in a crisis.

4. Once engaged, the CIT member is in charge of the intervention portion of the event until relieved by a supervisor or a negotiator or until the situation is resolved. The primary commissioned officer assigned to the call remains in charge of the scene and perimeter.

5. When not acting in CIT capacity, team members will perform their normal duty functions.

6. CIT members will not be placed "on call" beyond their normal duty hours.

7. In addition to any Department reports necessary, CIT members will complete a CIT Data Collection Form in all intervention situations, regardless of whether the subject is committed on a mental health hold. They will forward the CIT Data Collection Form to the CIT Coordinator and fax a copy to Arapahoe/Douglas Mental Health Network and State of Colorado Criminal Justice Division by the end of their duty shift.

8. If the circumstances warrant the activation of the Douglas County SWAT, continued use of the CIT member will be at the discretion of the SWAT Crisis Negotiation Team leader.

9. Commissioned officers, upon completion of the 40-hour CIT certification training, will submit a certificate of completion or training accountability form to their immediate supervisor in order to ensure that the training has been properly documented and the commissioned officer's file reflects such training.

10. All certified CIT members will attend a refresher course at least once every three (3) years. The CIT Coordinator will be responsible for scheduling the course. <41.2.7 e.>

E. The responsibilities of the CIT Coordinator are:

1. Insuring CIT Data Collection Forms from the Department were forwarded to the Arapahoe/Douglas Mental Health Network and State of Colorado Criminal Justice Division;

2. Serving as a liaison to the Arapahoe/Douglas CIT Steering Committee;

3. Serving as a liaison to the Arapahoe/Douglas Mental Health Network;

4. Serving as a liaison to other law enforcement agencies participating in the CIT program;

5. Coordinating CIT certifications and continuing education training;

6. Attending periodic Colorado Division of Criminal Justice – CIT Coordinator meetings.

3.17.9 COMMUNITY RESPONSE TEAM (CRT)

A. The Community Response Team is a partnership with many local agencies. The CRT is designed to aid citizens involved in non-criminal calls for service where mental health or substance abuse issues are evident. The CRT will provide services to include placement in the mental health system if needed and directing the citizen or family members to local resources if appropriate. The CRT will also follow up on cases involving significant long-term care issues. The CRT will consist of a specially trained Officer, and a mental health professional.

B. Often, commissioned officers will respond to calls involving people in mental health crises. Ideally those calls should be handled by the CRT. When CRT is not available, commissioned officers will handle the call to its resolution. However, to eliminate return calls involving the same people, the CRT should be made aware of the circumstances. Therefore, commissioned officers handling those calls will submit a CRT referral form to ensure that the CRT can follow up as appropriate. Even if the commissioned officers are responding to repeated calls for service with a person, a CRT Referral Form should be completed each time with the specific circumstances of each individual call.

C. Once the commissioned officer has completed the form, he or she shall email it to the CRT, along with any relevant documents or collateral information. Douglas County's mental health coordinator will triage and assign the referrals for follow up, as necessary.

D. Commissioned officers should complete a CRT Referral Form for the following circumstances:

1. A chronic history of suicidal thoughts or history of failed suicide attempts.

2. A substance abuse disorder that is preventing them from leading a normal life.

3. Made a Safe-2-Tell outcry that appears to be merited.

4. Become known as high utilizers of emergency services (law enforcement, fire authority, medical) due to mental health disorder or substance abuse.

5. Made more than one call to emergency services for suicidal attempts or thoughts.

6. Made frequent 911 calls due to mental health disorder or substance abuse.

7. Become homeless or are facing barriers to treatment due to a mental health disorder.

8. Had multiple contacts with emergency services due to mental health disorder.

9. Requested follow up for mental health treatment.

E. Commissioned officers should not refer the following to the CRT, and should seek other appropriate resources instead:

1. Elderly people with cognitive issues (dementia/ Alzheimer's). The appropriate resource is Adult Protective Services.

2. Issue occurring in schools. The appropriate resources are available in the school system; consult the School Resource Officer (SRO).

3. Developmentally delayed or special needs people unless they are considered a high utilizer of 911 services or if they have a co-occurring mental health diagnosis.

4. Primary issue is medical.

F. The CRT will generally respond to the following call types:

1. Overdose / poisoning, low acuity with no serious symptoms (suicide threats but not having taken any action).

2. Overdose / poisoning, low acuity with minor symptoms (taking a handful of non-life-threatening medications).

3. Depending on the circumstances, suicidal subjects where an attempt has been made.

4. Psychiatric not threatening suicide and is alert.

5. Psychiatric with non-serious injuries.

6. Non-criminal calls for service involving the homeless.

7. Non-criminal calls for service involving substance abuse disorder.

8. Respond to mental health or behavior issues requested by a commissioned officer.

G. The CRT does not generally respond to the following call types:

1. Calls for service where a crime has been committed.

2. Depending on the circumstances, suicidal subjects where an attempt has been made and the subject is being transported to the hospital by the Fire Authority. The commissioned officer should complete a CRT Form for these cases.

3. Calls for service within schools during school hours.

4. Diagnosed cognitive impairment in older adults (dementia, Alzheimer's) – These individuals should be referred to Adult Protective Services for follow up.

H. The CRT can, if requested, relieve patrol units of calls and patient care including transportation to the hospital. The CRT will advise if taking over the call is appropriate.

3.17.9 TRAINING

A. All commissioned officers will receive documented entry level training in mental health issues during the Patrol Academy and/or PTO including, but not limited to: <41.2.7 d.>

1. recognizing the signs and symptoms of mental illnesses;

2. available community mental health resources; and

3. de-escalation techniques.

B. All Department members will receive initial documented mental health-related training within their first sixty (60) days of employment and refresher training in mental health-related issues annually. <41.2.7 e.>