

**PARKER POLICE DEPARTMENT POLICY AND PROCEDURE MANUAL**

<b>3.17</b>	<b>EFFECTIVE:</b> August 3, 2012	<b>APPROVED BY:</b> James Tsurapas, Chief of Police
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<b>SUBJECT: INTERACTION WITH PERSONS WITH MENTAL HEALTH DISORDERS - CRISIS INTERVENTION TEAM (CIT) &amp; COMMUNITY RESPONSE TEAM (CRT)</b>		
<b>CALEA:</b> 41.2.7		<b>PAGE:</b> 1 of 9

**3.17.1 PURPOSE**

The purpose of this policy is to address the varying roles Officers play in their encounters with people with a mental health disorder.

**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. Officers shall afford people who have a mental health disorder the same rights, dignity and access to police and other government and community services as are provided to all citizens.

Officers have the authority to initiate an emergency mental health hold on certain persons they contact. To initiate an emergency mental health hold, an Officer must have probable cause to believe that the person is suffering from a mental health disorder and, as a result of that mental health disorder, appears to be an imminent danger to himself/herself or others, or, as a result of such mental health disorder, appears to be gravely disabled. The duration of an emergency mental health hold initiated by an Officer can be up to 72 hours in an approved facility. See C.R.S. §27-65-106, as amended.

Non-commissioned members who are in contact with a person with mental health disorders shall request an Officer response if they are unsure or feel they cannot de-escalate a situation or need additional assistance. <41.2.7>

**3.17.3 DEFINITIONS**

The following definitions are found in C.R.S. § 27-65-102 for the "Care and Treatment of Persons with Mental Health Disorders:" <41.2.7 a.>

*‘Danger to self or others’ means* – (a) With respect to an individual, a person poses a substantial risk of physical harm to the person's self as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm to the person's self; or (b) With respect to other persons, a person 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* –a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about or providing for the person's essential needs without significant supervision and assistance from other people. As a result

of being incapable of making these informed decisions, a person who is gravely disabled is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of the person's essential needs that could result in substantial bodily harm. A person of any age may be "gravely disabled", but the term does not include a person whose decision-making capabilities are limited solely by the person's developmental disability.

*Emergency mental health hold* - may be invoked under one of the following conditions:

When a certified peace officer has probable cause to believe a person has a mental health disorder and, as a result of the mental health disorder, is an imminent danger to the person's self or others or is gravely disabled, the certified peace officer may take the person into protective custody and transport the person to a facility designated by the commissioner for an emergency mental health hold. If such a facility is not available, the certified peace officer may transport the person to an emergency medical services facility. The certified peace officer may request assistance from a behavioral health crisis response team for assistance in detaining and transporting the person or an emergency medical services provider in transporting the person; or

When an intervening professional reasonably believes that a person appears to have a mental health disorder and, as a result of the mental health disorder, appears to be an imminent danger to the person's self or others or appears to be gravely disabled, the intervening professional may cause the person to be taken into protective custody and transported to a facility designated by the commissioner for an emergency mental health hold. If such a facility is not available, the certified peace officer may transport the person to an emergency medical services facility. The intervening professional may request assistance from a certified peace officer, a secure transportation provider, or a behavioral health crisis response team for assistance in detaining and transporting the person, or assistance from an emergency medical services provider in transporting the person. (b)(l) When a person petitions the court in the county in which the respondent resides or is physically present requesting an evaluation of the respondent's condition and alleging that the respondent appears to have a mental health disorder and, as a result of the mental health disorder, appears to be a danger to the respondent's self or others or appears to be gravely disabled.

*Mental Health Disorder means* - as defined in C.R.S. §27-65-102 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 in title 27. 27-65-106(1) C.R.S.

*"Intervening professional"* means a person who is one of the following:

- A. A professional person;
- B. A physician assistant licensed pursuant to section 12-240-113;
- C. An advanced practice registered nurse, as defined in section 12-255-104(1);

- D. A registered professional nurse, as defined in section 12-255-104(11), who has specific mental health training as identified by the BHA;
- E. A clinical social worker licensed pursuant to part 4 of article 245 of title 12;
- F. A marriage and family therapist licensed pursuant to part 5 of article 245 of title 12;
- G. A professional counselor licensed pursuant to part 6 of article 245 of title 12; or
- H. An addiction counselor licensed pursuant to part 8 of article 245 of title 12.

**3.17.4 PROCEDURE <41.2.7 c.>**

Guidelines for Responding

The following preliminary steps should be taken when an Officer comes into contact with a person who, pursuant to the above-described factors, is believed in good faith to be suffering from a mental health disorder. 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. Officers transporting a person believed to be suffering from a mental health disorder 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 a mental health disorder illness and either imminent danger to self or others, or gravely disabled due to a mental health disorder.
- 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), 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 a mental health disorder or are gravely disabled, regardless of drug or alcohol intoxication at time of contact. The purpose is to provide the Officer with a resource to arrange for the evaluation, placement, and monitoring of a person with suspected a mental health disorder. 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 a mental health disorder that are not criminal in nature. Taking a person who has a mental health disorder into custody can occur only when the person:
  - 1. has committed a crime, or
  - 2. probable cause exists 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;
- F. Community Response Team (CRT); and
- G. Youth Community Response Team (YCRT).

**3.17.6 DISPOSITIONS AVAILABLE <41.2.7 b.>**

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

Officers invoking an emergency mental health hold for a subject meeting the requirements of this policy will complete the emergency mental health hold 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 a mental health disorder.

**B. Persons Suspected to Suffer from a Mental Health Disorder 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 Officer will then contact the medical facility to have the person mentally evaluated.

**C. Persons Suspected to Suffer from a Mental Health Disorder – 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 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 a mental health disorder.

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

**D. Persons Suspected to Suffer from a Mental Health Disorder – Intoxicated (Cooperative or Combative)**

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 Officer should contact the Fire Authority if necessary 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 Officer may be required to complete the M-1 as part of the intake process.

**3.17.7 OTHER HOLDS ON Persons Suspected to Suffer from a Mental Health Disorder**

**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 unless there is clear imminent danger to the person (e.g. the person in front of Officer ingested a bunch of pills or slit their wrists) In cases where a person who with a mental health disorder is being held as indicated previous sections or displays a non-imminent 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 placed on an emergency mental health hold be held in a detention center, TDF or other place used for confinement, as provided in C.R.S. § 27-65-106(2), as amended. If an Officer arrests a person and there is reason for non-imminent 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 Officer will note all concerns regarding the mental health of the person in the offense report. This will allow mental health case workers, judges, district attorneys or others to review the concerns quickly and arrange for proper disposition and care of the person.
  - 2. The Officer will make detention center personnel fully aware of the person's condition so that they can ensure proper monitoring and 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 Officer should take the person to a detoxification center to be held for evaluation, until sober.
  - 4. The supervising 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 a person with a mental health disorder or a person with a developmental disability. . CIT is a community partnership with mental health care providers, hospitals, advocacy groups and local and state law enforcement agencies.
- B. Officers may request the assistance of a certified CIT member in situations where intervention offers a viable option. Whenever the person in such a situation requests a CIT member, the primary 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. 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 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 allowed to use such reasonable amount of time as they deem necessary to successfully de-escalate persons in a crisis.
3. 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 Officer assigned to the call remains in charge of the scene and perimeter.
4. When not acting in CIT capacity, team members will perform their normal duty functions.
5. CIT members will not be placed “on call” beyond their normal duty hours.
6. 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.
7. 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.
8. 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 Officer’s file reflects such training.
9. 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.

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**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, 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, 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, Officers handling those calls will submit a CRT referral form to ensure that the CRT can follow up as appropriate. Even if the 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. 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.
  
- D. Officers should not refer the following to the CRT, and should seek other appropriate resources instead:
  - 1. 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.

**3.17 Interaction with Persons with a Mental Health Disorder ( (CIT & CRT)**

- 2. The primary issue is medical.
  
- F. The CRT will generally respond to the following call types:

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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 an 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 Officer should complete a CRT Form for these cases.
- 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 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 a mental health disorders;
  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.>