	INDIVIDUALS WITH MENTAL OR PHYSICAL DISABILITIES	Operations Order 1.3.02
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1. **GENERAL INFORMATION**

- A. The Department is committed to providing holistic service options to all members of our community, including persons with mental or physical disabilities, in a manner consistent with our obligation to ensure the protection of constitutional rights and the safety of all.
- B. A person with a disability **and** the care giver of the person with a disability may be overly stressed and **both** may need support.
- C. [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.
 - Law-enforcement and community members may contact the Arizona Statewide Crisis Hotline at 1-844-534-4673, 24 hours a day/7 days a week, for assistance with persons in crisis and in locating resources.
- D. When patrol officers are on a call where a person appears to be in crisis because of a mental illness, a certified Crisis Intervention Team (CIT) officer may be requested to assist.

2. **RECOGNIZING PERSONS WITH A MENTAL ILLNESS**

- A. A person who is not acting or reacting normally to a situation may have a mental illness. Examples may include, but are not limited to:
 - Reporting or acting as if they see, hear, feel, taste, or smell things that are not real
 - Believing things that are impossible or are not based in reality
 - Feelings of intense depression, euphoria, paranoia, or anxiety
 - Thoughts of suicide
 - Disorganized thoughts and speech
 - Traumatic Brain Injury (TBI)
 - Autism
- B. Many physical disabilities and medical conditions may seem like a mental illness and can be difficult to tell apart from a mental illness without medical testing.
 - If possible, officers should attempt to gather statements from on-scene witnesses to rule out:
 - * Dementia
 - * Intellectual disability
 - * Diabetic shock
 - * Epilepsy
 - * Terminal illness
 - * Anti-social (criminal) mindset
- C. When interacting with mentally ill subjects, officers should be aware individuals may be a danger to themselves and/or others.

3. **DISPOSITION OF ADULTS WITH A MENTAL ILLNESS** (See section 5 of this order for disposition of juveniles with a mental illness.)

- A. In general, if a minor crime has occurred (does not include domestic violence (DV) related crimes), treatment should take precedent over minor charges including misdemeanor warrants for nuisance charges where the victim is the government (see [Operations Order 1.9.00, Arrest, Non-Service of Warrants](#), for more information).



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3. A. (1) Officers should assess the totality of the circumstances (including the best interest of the community) and utilize their best judgment as to the appropriate disposition [arrest and book the person or, with their supervisor's approval, transport the person to a facility for treatment (see the appropriate section below (4.C. through 4.E.) for transporting information)].
- B. If the appropriate disposition for a minor crime is to arrest and book the person, or if a more serious crime or DV crime has occurred, officers will proceed with the arrest and booking
NOTE: It is important that violent offenders do not escape criminal punishment and are not transported to a facility where they can further victimize other patients and staff.
 - (1) When completing the booking process, officers should check all the appropriate boxes on the Form IV (Release Questionnaire form).
 - (2) Officers will advise jail personnel of the subject's unstable mental health condition.
 - (3) The Maricopa County Sheriff's Office (MSCO) jail is a screening agency with psychologists on staff.
 - (4) See [Operations Order 7.7.02, Transporting Arrestees](#), for information on transporting arrestees in wheelchairs.
- C. If the appropriate disposition for a minor crime is to transport the person to a facility for treatment or if no crime has occurred, and the person:
 - (1) Is a danger to themselves or someone else, officers should detain the person for involuntary treatment per [Arizona Revised Statute \(ARS\) 36-525](#).
 - (a) Officers must fill out a petition/application for emergency admission outlining all three of the following:
 - * The person is a danger to themselves or others
 - * This danger is due to a mental illness
 - * This person is unwilling or unable to get treatment voluntarily
 - (b) Officers will email the petition/application (or it may be delivered in person) to one of the three below screening agencies and then transport the person to the facility.
 - (i) The Urgent Psychiatric Care Center (UPC) located at 1201 South 7th Avenue, Phoenix, Arizona, 85007, 602-565-6325, coppetitions@connectionshs.com.
 - (ii) The Recovery Response Center (RRC) located at 11361 North 99th Avenue, Suite 402, Peoria, Arizona, 85345, 602-636-4352, rccp.petitions@riinternational.com.
 - (iii) The Community Psychiatric Emergency Center (CPEC) located at 358 East Javelina Avenue, Mesa, Arizona, 85210, 480-507-3186, coppetition@cbridges.com.
 - (iv) West Valley Access Point (WVAP) located at 824 N 99th Ave, Avondale, Arizona, 85323, 623-267-5763, wvcoppetition@cbridges.com.
 - (2) Is not a danger to themselves or someone else and is willing to go voluntarily with officers for treatment, officers may transport the person to one of the three screening agencies listed above in section 4.B.(2)(a) or one of the below Community Bridges locations.
 - (a) Central City Addiction Recovery Center (CCARC) located at 2770 East Van Buren Street, Phoenix, Arizona, 85008

3. C. (2) (b) East Valley Addiction Recovery Center (EVARC) located at 560 South Belleview, Mesa, Arizona, 85204

NOTE: The person may prefer a different private facility where they normally receive treatment, but the facility may not be able to accommodate them without an appointment.

- (3) Is not a danger to themselves or someone else, but transport is not appropriate, officers are encouraged to contact the Arizona Statewide Crisis Hotline and speak to a supervisor.

(a) The supervisor can suggest options and/or send out a mobile team.

- Mobile teams can assist with anyone from juvenile delinquents to elderly patients with dementia if the situation is not dangerous, and the person will voluntarily talk with the mobile team.

(b) The supervisor cannot share health information unless there is an emergency, but they can make suggestions based on what is in their patient records.

4. **DISPOSITION OF JUVENILES WITH A MENTAL ILLNESS**

A. Juvenile Has NOT Committed A Crime	<ul style="list-style-type: none"> • Juveniles cannot be petitioned. • Officers should call the Arizona Statewide Crisis Hotline (1-844-534-4673) to request assistance for juveniles who appear to be suffering from a mental illness • The Crisis Hotline can assist the parent/guardian with a treatment plan and locations where the juvenile can be taken by the parent/guardian for mental health services. <ul style="list-style-type: none"> * If restraining the juvenile is necessary, the Fire Department may be requested to assess and possibly transport the juvenile (they are trained in using soft restraints). • A parent/guardian, or with parental consent, an officer can take a juvenile experiencing a mental health crisis to Mind 24/7 Metro located at 10046 W Metro Parkway W, Phoenix
B. Juvenile Has Committed A Crime	<ul style="list-style-type: none"> • In general, if a minor crime has occurred (does not include domestic violence (DV) related crimes), treatment should take precedent over minor charges including misdemeanor warrants for nuisance charges where the victim is the government. <ul style="list-style-type: none"> * Officers should assess the totality of the circumstances (including the best interest of the community) and utilize their best judgment as to the appropriate disposition [arrest and detain the juvenile or, with their supervisor's approval, call the Arizona Statewide Crisis Hotline to request assistance]. • If the appropriate disposition for a minor crime is to arrest and detain the juvenile, or if a more serious crime or DV crime has occurred, see Operations Orders 1.9.00, Arrest, and 7.8.00, Juvenile Procedures.

5. **MENTAL HEALTH ORDERS OF DETENTION (FOR ADULTS ONLY)**

A. Members of the community may request involuntary treatment of an adult by submitting a petition/application to a screening agency.

B. There are two different types of mental health orders (listed below) and each has specific procedures/responsibilities (as listed in the following appropriate sections).

- Emergency Mental Health Order of Detention
- Non-Emergency Mental Health Orders (NEMHO) of Detention

C. Emergency Mental Health Orders of Detention – Requested when the subject is an immediate threat/danger to themselves or someone else.



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5. C. (1) Per [ARS 36-524](#), any person with knowledge of the facts requiring emergency admission may go to a screening agency and submit a petition/application for an emergency mental health order of detention for someone else.
- The petition/application is reviewed by a mental health admitting officer who will deny or accept the petition/application.
 - * Mental Health Admitting Officer - A psychiatrist or other physician or psychiatric and mental health nurse practitioner with experience in performing psychiatric examinations who has been designated as an admitting officer of the screening agency by the person in charge of the screening agency.
- (2) Pursuant to [ARS 36-525](#), if a petition/application is accepted, officers will be required to serve the petition/application and bring the person to the facility listed on the petition/application.
- (3) Procedures/responsibilities for applications/petitions submitted by someone other than an on-scene police officer:

(a) Mental Health Admitting Officer	<ul style="list-style-type: none"> • Will telephone and then email the emergency mental health pick-up order to the Communications Bureau
(b) Communications Bureau	<ul style="list-style-type: none"> • Upon receiving a request for an emergency mental health pick-up order, a mental health transport call (918T) will be created and dispatched. • The emergency mental health pick-up order will be broadcast over the radio to the responding officers' supervisor. • The emergency mental health pick-up order will be emailed to the responding officer's and their supervisor's City email.
(c) Police Officers	<ul style="list-style-type: none"> • Prior to picking up the named individual, officers will validate the emergency mental health pick-up order by reviewing the order emailed to the officer. • Officers will contact the Arizona Statewide Crisis Hotline and request any available information regarding violence potential, weapons, patient history, what has worked in the past, and any other circumstances • Emergency mental health orders will be treated procedurally like a misdemeanor arrest warrant. • After verification of the order, officers will make a reasonable effort to apprehend and transport the individual to the nearest urgent psychiatric care center. • If the order does not contain an address or contains the address of a third party and entry is denied, a search warrant is required and may be written based on the information specified in the order. • Forcing entry into a person's residence or third-party residence should be <u>considered a last resort</u> and officers are encouraged to communicate with the person in order to reach a successful outcome. • Pursuant to ARS 36-525, officers shall take reasonable precautions to safeguard the premises and the property thereon to prevent unauthorized access, such as shutting and locking the front and rear doors, unless the premises/property is in the possession of a responsible relative or guardian. • If the named individual is suicidal, officers should impound for <u>safekeeping</u> any firearms the individual owns to ensure the individual has no means of hurting themselves or others if/when they return (see Operations Orders 5.8.03, Firearms & Ammunition Evidence Procedures, for impounding procedures). * When searching for the individual's firearms/s, officers should keep the search reasonable by only searching for any outstanding, accessible firearm/s. <ul style="list-style-type: none"> ○ Officers should not engage in a top-to-bottom search of the home for the firearm/s.

5. C. (3) Procedures/responsibilities for applications/petitions submitted by someone other than an on-scene police officer: (Continued)

(d) Police Officers (Continued)	<p>NOTE: Officers may also relinquish the firearm/s to the responsible relative or guardian who takes possession of the premises/ property.</p> <ul style="list-style-type: none"> • Officers will complete a Field Interview (FI) noting whether or not the contact was successful, summarizing the details, and noting the name of the admitting officer and the doctor (if one was involved). * Select FI as the “Offense Description” and Crisis Intervention Team for “Offense Element 1” and FI, Mental Health- Transport for “Offense Element 2.” • Officers will not provide additional security for the individual once at the urgent psychiatric care center. • Officers will provide accessible services to qualified persons with disabilities.
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- D. Non-Emergency Mental Health Orders (NEMHO) of Detention - Requested when the subject is not dangerous but is still in need of treatment and will not, or cannot, consent.

- (1) Generally, a petition/application for a NEMHO is completed by a mental health professional, but a community member may also complete a petition/application if assisted by an EMPACT mobile team.

- An EMPACT mobile team can be requested by calling the Arizona Statewide Crisis Hotline.

- (2) A petition/application for a NEMHO is reviewed and signed by a Superior Court judge at Desert Vista Hospital and takes a few days to complete.

- Once the petition/application is accepted, the court will transfer the original paperwork to one of the four screening agencies.

- (3) Procedures/responsibilities for non-emergency mental health orders (NEMHOs):

(a) Screening Agency Court Coordinator	<ul style="list-style-type: none"> • Will email the NEMHO to the Communications Bureau • Ensure the petitioner (subject named on the NEMHO) is still non-compliant with treatment • Has <u>current information</u> (within the last 20 minutes) on the location of the petitioner • Will call Crime Stop with the above information and request a call for service
(b) Communications Bureau	<ul style="list-style-type: none"> • Upon receiving a NEMHO call for service, a Communications supervisor will verify the: <ul style="list-style-type: none"> * NEMHO has been received * Name of the petitioner is the same as the subject named on the call for service • Create a mental health transport call (918T), add notes to the call detailing the NEMHO was received, and dispatch the call to the first available precinct patrol officer or CIT officer • The NEMHO will be emailed to the responding officer’s and a supervisor’s City email.

5. D. (3) Procedures/responsibilities for non-emergency mental health orders: (Continued)

(c) Police Officers	<ul style="list-style-type: none"> • Prior to contacting the named petitionee, officers will review the NEMHO and verify it by calling the screening agency listed on the NEMHO. • After verification of the NEMHO, officers will make a reasonable effort to take the petitionee into custody and transport him/her to the screening agency listed on the NEMHO. <ul style="list-style-type: none"> * Officers are authorized to take the petitionee of an NEMHO into custody against his or her will; however, if officers are denied entry, the situation will <u>not</u> be treated as a barricade and officers will go back into service. • Upon delivery of the petitionee to the screening agency, officers will sign the original Return of Order as the “detaining officer”, to include the date and time the NEMHO was served. • The completed Return of Order will be left with the screening agency. • Will complete an FI noting whether or not the contact was successful and summarizing the details. <ul style="list-style-type: none"> * Select FI as the “Offense Description” and Crisis Intervention Team for “Offense Element 1” and FI, Mental Health- Transport for “Offense Element 2.”
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6. **STATE HOSPITAL PATIENTS**

A. State Hospital Patients - Escapees	<ul style="list-style-type: none"> • A mentally ill person who has escaped from the State Hospital may be returned directly to the State Hospital. <ul style="list-style-type: none"> * Recommitment proceedings are not necessary * This includes intoxicated patients • When the escapee is located, State Hospital staff should be notified at 602-220-6100 so they can make proper transportation arrangements. <p><u>Serious Crime</u></p> <ul style="list-style-type: none"> • A State Hospital escapee who has committed a serious crime will be booked directly into jail. <p><u>EXCEPTION:</u> If the escapee has violent or suicidal tendencies, they <u>will be</u> returned to the State Hospital.</p> <ul style="list-style-type: none"> • The arresting officer will be responsible for notifying the State Hospital of the custody. • Information regarding the person’s leave status from the State Hospital will be placed in the arrest record. • If a missing person report has been filed, an Incident Supplement will be completed.
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7. **ADDITIONAL INFORMATION**


A. Additional Resources - Refer to [Operations Order 7.2.00, Community Based Policing, Section 4.](#)

B. Emergency Calls To Mercy Care Serious Mental Illness (SMI) Clinics

(1) Several clinics are staffed with psychologists and social workers who may request officers respond to keep the peace and/or transport an individual to a screening agency.

(a) Officers will perform peacekeeping duties as needed.

NOTE: Staff usually only calls police after the situation has escalated; therefore, a crime may have been committed and making an arrest may be the appropriate response.

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7. B. (1) (b) If transporting an individual is requested, responding officers will handle the transport in the same manner as an emergency mental health order of detention listed in section 6.C of this order **ensuring** a **mental health admitting officer** has authorized the transportation under emergency conditions.

NOTE: Psychologists at the clinics are not presently designated as mental health admitting officers and have no authority to order the police to take custody of a mental health patient.

8. **DOCUMENTATION/REPORTING**

A. An Incident Report (IR) will be completed if a crime has occurred.

- Ensure “Mental Problem” is selected from the “VP” (violence potential) drop-down box in the Suspect section.
- Pertinent facts regarding the person’s behavior will be described in the IR Narrative.

B. If no crime has occurred, an FI will be completed.

(2) To document general mental health information:

- Select FI as the “Offense Description” and Crisis Intervention Team for “Offense Element 1” and FI, Crisis Intervention for “Offense Element 2.”

(2) To document a mental health transport or attempted transport:

- Select FI as the “Offense Description” and Crisis Intervention Team for “Offense Element 1” and FI, Mental Health- Transport for “Offense Element 2.”
- * The subject’s behavior, potential for violence, or any other factor that would serve as investigative intelligence should be documented in the FI Narrative.

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


9. **COMMUNICATING WITH HEARING/SPEAKING IMPAIRED**

A. Employees must furnish appropriate auxiliary aids and services: for example, note pads, written materials, and qualified interpreters, when necessary to ensure effective communication.

- (1) If the employee is unable to communicate with the individual using a note pad or other means of communication, then a qualified interpreter is required.
- (2) In situations where a report is taken, and the employee communicates with the individual in writing, the written communication shall be treated as evidence, scanned and attached to the IR as a “Document”, and then impounded.

B. Individuals with an impairment have the right to choose the auxiliary aid of his or her choice, unless the means chosen would result in a fundamental alteration in the service, program, or activity, or create an undue financial burden on the Department.

C. When the services of a qualified interpreter are necessary, but the employee cannot wait for a qualified interpreter to arrive, a clear, accurate, and thorough investigation will be conducted and an IR will be submitted.

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9. C. (1) Officers may proceed with the interrogation using a notepad when:
- Exigent circumstances do not permit a delay in the interrogation of the suspect.
 - An interpreter cannot be located within a reasonable time.
 - Written communications between the officer and subject were effective in conveying and understanding the Miranda rights, and the suspect specifically declines the opportunity to communicate through an interpreter.
- D. If an in-custody suspect cannot effectively be advised of their Miranda rights using written communication, a qualified interpreter shall be called to the scene prior to any interrogation.
- (1) If the suspect cannot be effectively advised of their Miranda rights, even after a qualified interpreter is called to the scene, officers **should not** question the suspect.
- (2) The name of the interpreter and that assistance was requested will be documented.

Last Organizational Review: