

TOPEKA POLICE DEPARTMENT POLICY AND PROCEDURE MANUAL
4.27 Behavioral Health Crisis

SUBJECT: Behavioral Health Crisis		
4.27	EFFECTIVE: 08/16/2019	<i>William Cochran</i> William Cochran, Chief of Police
	REVISED: 08/02/2019	
	TOTAL PAGES: 6	
CALEA: 41.2.7		

4.27.1 PURPOSE

This order addresses the varying roles officers play in their encounter with people in a behavioral health crisis.

4.27.2 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 are in a behavioral health crisis the same rights, dignity, and access to police and other government and community services as are provided to all citizens.

Officers may initiate an emergency behavioral health hold and take someone into temporary custody if there is probable cause that the person who is in a behavioral health crisis is in imminent danger to him or herself as a result of the crisis.

4.27.3 KANSAS LAW

- A. KSA 59-2953 authorizes any law enforcement officer who has probable cause formed upon investigation that a person is a mentally ill person and because of such person's mental illness is likely to cause harm to self or others if allowed to remain at liberty may take the person into custody without a warrant.
- B. KSA 59-29b53 authorizes any law enforcement officer who has a probable cause formed upon investigation that a person may be a person with an alcohol or substance abuse problem subject to involuntary commitment and is likely to cause harm to self or others if allowed to remain at liberty may take the person into custody without a warrant.
- C. KSA 59-2954 (mental illness) and KSA 59-29b54 (alcohol or substance abuse) set forth the application guidelines that must be followed for emergency observation and treatment to perform this task without a warrant.

4.27.4 PROCEDURE <41.2.7a, c>

Guidelines for Responding

TOPEKA POLICE DEPARTMENT POLICY AND PROCEDURE MANUAL

4.27 Behavioral Health Crisis

The following preliminary steps shall be taken when an officer comes into contact with a person who, pursuant to the above-described factors, is reasonably believed to be in a behavioral health crisis. 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 arrange for transportation to a medical facility, if appropriate. Officers transporting a person believed to be in a behavioral health crisis to a medical facility shall notify the SCECC.
- B. Assess whether probable cause exists for an emergency detention, based on appearance of the behavioral health crisis and either imminent harm to self or others, or unable to satisfy basic needs for nourishment, essential medical care, shelter or safety.
- 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, including whether the person is:
 - 1. Showing signs of significant depression;
 - 2. Showing signs of either loss of rational thinking, obsession, delusions or hallucinations; and
 - 3. Having thoughts of homicide and/or suicide, coupled with the means (weapons, drugs, devices, materials) to act on those plans.
- E. Where probable cause exists for emergency custody, officers will contact the nearest medical or mental health facility for an emergency mental health evaluation.
- F. No person shall be arrested for behavioral manifestations of a behavioral health crisis that is not criminal in nature. Taking a person with behavioral health issues into custody shall occur only under the following circumstances:
 - 1. There is probable cause to believe that the person has committed a crime for which an arrest is authorized by law, or
 - 2. There is probable cause that the person is likely to cause harm to self or others and meets the criteria for an emergency detention pursuant to KSA 59-2953 (mental illness) or KSA 59-29b53 (alcohol or substance abuse).
- G. During training, Department staff shall be familiarized with procedures for accessing available community behavioral health resources. <41.2.7b>

4.27.5 VOLUNTARY CONSENT

TOPEKA POLICE DEPARTMENT POLICY AND PROCEDURE MANUAL

4.27 Behavioral Health Crisis

- A. If the person is willing to voluntarily seek help:
 - 1. The officer may arrange transport for the person to a medical or mental health facility;
 - 2. The officer may immediately leave if already at a behavioral health facility; or
 - 3. The officer may remain to ensure the safety of behavioral health staff.
 - a. If behavioral health staff determine that a medical clearance is required prior to completing a behavioral assessment, the officer may be required to transport the person to a medical facility.

4.27.6 INVOLUNTARY CONSENT TO TREAT

- A. If the person refuses to seek voluntary examination, and does not meet the criteria for involuntary admission, the officer shall refer the person to behavioral health services.
- B. A law enforcement officer may detain a person he or she has probable cause is in a behavioral health crisis and is likely to cause harm to self or others.
 - 1. "Likely to cause harm to self or others" means that the person, by reason of the person's mental disorder or alcohol or substance abuse:
 - a. Is likely, in the reasonably foreseeable future, to cause substantial physical injury or physical abuse to self or others or substantial damage to another's property, as evidenced by behavior threatening, attempting or causing such injury, abuse or damage; except that if the harm threatened, attempted or caused is only harm to the property of another, the harm must be of such a value and extent that the state's interest in protecting the property from such harm outweighs the person's interest in personal liberty; or
 - b. Is substantially unable, except for reason of being indigence, to provide for any of the person's basic needs, such as food, clothing, shelter, health or safety, causing a substantial deterioration of the person's ability to function on the person's own.
- C. If an officer determines an individual to be in a behavioral health crisis and is likely a threat to himself or herself, the officer, or others, shall immediately attempt de-escalation techniques and CIT strategies as practical. These may include the following:
 - 1. Take steps to calm the situation. When possible, eliminate unneeded distractions (emergency lights and sirens, loud radio traffic, crowds of onlookers, etc.), and assume a quiet non-threatening manner when approaching or conversing with the individual. Where violence or destructive

TOPEKA POLICE DEPARTMENT POLICY AND PROCEDURE MANUAL

4.27 Behavioral Health Crisis

- acts have not occurred, avoid physical contact if possible, and take time to assess the situation;
2. Move slowly and do not excite the disturbed person. Provide reassurance that the police are there to help and he or she will be provided with appropriate care;
 3. Communicate with the individual in an attempt to determine what is bothering him or her. Relate concern for his or her feelings and allow him or her to express those feelings. Where possible, gather information on the subject from acquaintances or family members and/or request professional assistance, if available and appropriate, to assist in communicating with and calming the person;
 4. Do not threaten the individual with arrest or in any other manner, as this may create additional fright, stress and potential aggression;
 5. Avoid topics that may agitate the person and guide the conversation toward subjects that help bring the individual back to reality; and
 6. Always attempt to be truthful with a person in crisis. If the subject becomes aware of a deception, he or she may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.
- D. A person taken into custody for evaluation under KSA 59-2953 or 59-29b53 shall be transported to a treatment facility. When possible, officers should call ahead prior to arrival. Unless the officer believes that the person requires medical assistance or a higher level of security, preference should be given to the use of a behavioral health facility.
- E. The condition of the subject will be evaluated to determine the best method of transportation. Cooperative subjects may be transported in patrol vehicles. Combative subjects, or subjects with severe physical disabilities, may be transported by ambulance or the prisoner transport van if needed.
- F. The detaining officer shall relay all information concerning the individual to the treatment facility physician, psychologist, or other appropriate personnel. Behavioral health staff shall be provided with the same information, when applicable.
- G. As soon as practical, the detaining officer shall notify the person responsible for the care and custody of the detained person, if known, of the time and place of detention.
- H. The detaining officer shall make a written statement of the facts of the emergency detention on the "Application for Emergency Admission" form provided by the facility. A copy of the statement shall be given to the examiner. A copy of a Casualty/Mental Health Report (with the Involuntary Commitment section completed) will also be provided to the examiner.

TOPEKA POLICE DEPARTMENT POLICY AND PROCEDURE MANUAL

4.27 Behavioral Health Crisis

- I. The detaining officer shall stay with the person until the screening and evaluation has been completed, or the screener accepts responsibility for the person and dismisses the officer.
- J. If a subject is also to be charged criminally, information must be noted on the involuntary detention paperwork. The attending physician and hospital security personnel must also be verbally advised that other charges are pending.
- K. If the physician or psychologist on duty at the treatment facility does not believe the person likely to be a mentally ill person subject to involuntary commitment, the officer shall return the person to the place where the person was taken into custody and release the person at that place or at another place in the same community as requested by the person or if the officer believes that it is not in the best interests of the person or the person's family or the general public for the person to be returned to the place the person was taken into custody, then the person shall be released at another place the officer believes to be appropriate under the circumstances.

4.27.7 OTHER SITUATIONS <41.2.7c>

- A. If the treatment facility does not believe that the situation qualifies for emergency admittance, the officer may file a petition for involuntary commitment with the court working through the District Attorney's Office.
- B. Officers may petition the court for involuntary commitment. Others may also petition the court, including neighbors or family members who witness the behavior and are willing to file a petition.
- C. If one of these other persons is willing to make the application, allow them to do so. A Casualty/Mental Health Report will still be required.
- D. If the officer is notified that a subject is under a court ordered commitment, they shall transport the subject to the appropriate facility.
- E. Officers should notify the treatment facility personnel that the subject has a court order to be committed. If available, a copy of the court order should be presented to the treatment facility with the patient.

4.27.8 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 in and de-escalate crisis situations involving behavioral health issues, developmentally disabled citizens or others currently in crisis. CIT is a

TOPEKA POLICE DEPARTMENT POLICY AND PROCEDURE MANUAL

4.27 Behavioral Health Crisis

community partnership with mental health care providers, hospitals, advocacy groups and local and state law enforcement agencies.

- B. The CIT coordinator shall be responsible for the distribution of the appropriate paperwork upon any CIT response.
- C. The following procedures apply to CIT involvements:
 - 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 SCECC 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 required Department reports, CIT members will complete any related CIT forms in all intervention situations, regardless of whether the subject is committed on a mental health hold; and
 - 7. If the circumstances warrant the activation of a tactical team, continued use of the CIT member will be at the discretion of the Tactical Team/Negotiation Team leader.

4.27.9 MANDATORY TRAINING <41.2.7d, e>

- A. All recruits and Department personnel who interact with the public, shall receive documented training in mental health within their first year of employment, to include, but not limited to:
 - 1. Recognizing the signs and symptoms of mental illnesses;
 - 2. Available community mental health resources; and
 - 3. De-escalation and intervention techniques.
- B. All Department personnel shall receive documented refresher training in mental health-related issues annually.