

DOUGLAS COUNTY SHERIFF'S OFFICE		Policy and Procedure
Specific Policies		P&P-B-136
Handling the Mentally Ill / Crisis Intervention Team (CIT) & Community Response Team (CRT)		
Effective Date: 06-27-18 Supersedes: 04-13-18	Approval: Sheriff	Number of Pages: 9
References: 27-65-105 CRS	Reevaluation Date: Annually	Standards: 1.1.3, 41.2.7, ACA 4-ALDF-4C-22

I. POLICY

It is the policy of the Douglas County Sheriff's Office to treat people suffering from mental health disorders with due regard for their mental health needs, to the extent possible given the circumstances of our contact with them. When safe and appropriate, personnel should consider alternatives to incarceration so that people with mental health disorders are kept out of the criminal justice system. <1.1.3> It is also our policy to train peace officer personnel to recognize mental health disorders, how to safely and effectively interact with people exhibiting behavioral symptoms of mental health disorders, and how to access community-based mental health services.

II. RELEVANT STATUTE

Colorado law authorizes certified peace officers, under specific circumstances, to hold people involuntarily for mental health evaluation. The relevant portions of the statute are quoted below. Sworn members shall familiarize themselves with these provisions.



27-65-105 C.R.S. Emergency procedure. . . .

(1) (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 (a certified peace officer), 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.

(1.5) 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;

III. PROCEDURES

A. Recognizing Mental Health and Other Disorders <41.2.7.a>

Because of the public nature of our service to the community, both sworn and civilian staff may encounter people suffering the effects of a mental health or related disorder. Research suggests that 7-10% of all patrol-based law enforcement contacts, and up to 75% of contacts in detention settings, involve people with mental and/or substance abuse disorders. Therefore, all Sheriff's Office members shall receive training to recognize symptoms of mental health and related disorders, and verbal crisis de-escalation techniques. Members are not expected to act as mental health clinicians, make diagnoses, or provide medical or psychiatric advice, but they should be aware of commonly encountered behaviors associated with mental health disorders. Members should also be familiar with available community resources for dealing with mental health and substance abuse. <41.2.7.b>

Some of the disorders law enforcement officers commonly encounter include: <41.2.7.a>

- Thought disorders (psychosis, schizophrenia)
- Mood disorders (bi-polar disorder, depression)
- Anxiety disorders (panic disorders, phobias, obsessive-compulsive disorder)
- Substance abuse disorders (alcoholism, drug addiction, delirium tremens or DT's, withdrawal symptoms)
- Elder disorders (delirium, dementia, Alzheimer's disease)
- Developmental disabilities (Down's syndrome, autism spectrum disorders)
- Medical conditions with behavioral symptoms (over 300 medical conditions, including cerebral palsy, diabetic emergencies, medication toxicity, etc.)

People experiencing mental health disorders may exhibit a variety of behaviors / symptoms, including: <41.2.7.a>

- Acting disorganized – appearing overwhelmed, irrational, disoriented, regressed.
- Despondence – appearing depressed, angry, guilty, suicidal.
- Loss of memory/disorientation – Significant memory loss, such as name, day, year, or familiar people such as family and loved ones Anxiety disorders (panic disorders, phobias, obsessive-compulsive disorder)
- Driven – behaving compulsively, manic, self-absorbed.
- Delusional – Unrealistic, false beliefs, such as paranoia, thoughts of grandeur, or belief that others are controlling their thoughts/actions.
- Hallucinations – can affect any of the senses. May also indicate other medical problems.
- Mania – racing thoughts, compressed speech, hyperactivity, irritability, euphoria, decreased need for sleep.
- Anxiety – intense feelings of fear or dread.

- Disordered thinking and speech.
- Other abnormal behavior – unwarranted hostility or distrust, one-sided conversations, lack of affect in facial features, rhythmic body movements, twirling of hair, flapping of hands, walking in circles, wearing excessive layers of clothing or wearing some type of covering on their head such as ear phones, foil hats. Covering windows with foil to keep imagined beings or thought control out of the home, etc.

B. General De-Escalation Strategies

Members in all settings, including patrol- and detention-based contacts, and during interviews or interrogations, should follow these guidelines when interacting with people exhibiting the symptoms of a mental health disorder: <41.2.7.c>

- Maintain a reactionary gap between yourself and the subject.
- Model calm behavior and non-threatening body language.
- Re-assure constantly that you are there to help.
- Use simple commands.
- Only one person should speak to the subject so as not to confuse them.
- Ask direct questions – many mentally ill people are forthcoming with information about their diagnosis, medications, and how they feel.
- Do not lie to the subject unless necessary for life-safety reasons.
- Do not buy into delusions, use delusions to manipulate, or challenge the reality of delusions. Instead, focus on emotions aroused by the delusion, e.g. “I don’t see the spiders, but I believe you do and that you are frightened. What can I do to help you feel safe?”
- Expect delayed responses due to confusion and fear

C. Community Response Team

The Douglas County Sheriff’s Office operates a co-responder program, called the Community Response Team (CRT), with several community partners. The team pairs a specially assigned law enforcement officer and a mental health clinician. The team responds to “high intensity users of the 911 and other emergency systems” with primary behavioral health concerns and triages crises in the field. The team is supported by fire department partners that provide paramedic teams that can be dispatched to the scene if necessary. The team’s primary function is to intervene in non-criminal calls and divert high utilizers of Douglas County’s emergency systems away from those systems and connect them with behavioral health services instead. <1.1.3>

The Community Response Team is a resource for patrol officers who are dispatched to calls involving subjects with behavioral health complaints. During their duty hours, and when they are not already on a different call, the CRT can respond to those calls and relieve the patrol officer who can then return to service. CRT will advise if taking over the call is appropriate.

The Community Response Team is appropriate and should be considered for the following call types, if available:

- Overdose/poisoning, low acuity with no serious symptoms (suicide threats but not having taken any action).
- Overdose/poisoning, low acuity with minor symptoms (example: taking a handful of non-life threatening medications).
- Psychiatric not threatening suicide and is alert.
- Psychiatric with non-serious injuries (example: hesitation marks).
- Non-criminal calls for service involving the homeless.
- Non-criminal calls for service involving substance abuse disorder.
- Mental health or behavior issues when requested by a patrol unit.

Because the team is staffed with civilians, they should not respond to criminal calls and they shall not be dispatched to calls on which violence is occurring or is likely to erupt.

D. Community Response Team Referrals

Often patrol officers will respond to calls involving people in mental health crises. Ideally those calls would be handed off to the CRT. However, the CRT is only staffed during peak call times, and it is likely that the CRT will not be available for every call involving a patient in mental health crisis. In those cases, the Patrol Division 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, deputies handling those calls will submit a CRT referral to ensure that the CRT can follow up as appropriate.

The referral form is available to Patrol personnel. Once the deputy has completed the form, he or she shall email it to CRT@douglas.co.us, 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.

Deputies shall complete a referral to the CRT regarding the following call types:

- Unsuccessful suicide attempts.

And deputies should refer people who have:

- A chronic history of suicidal thoughts or history of failed suicide attempts.
- A substance abuse disorder that is preventing them from leading a normal life.
- Made a Safe-2-Tell or Text-a-Tip outcry that appears to be merited.
- Become known as high utilizers of emergency services (law enforcement, fire department, medical) due to mental health disorder or substance abuse.
- Made more than one call to emergency services for suicidal attempts or thoughts.
- Made frequent 911 calls due to mental health disorder or substance abuse.
- Become homeless or are facing barriers to treatment due to a mental health disorder.
- Had multiple contacts with emergency services due to mental health disorder.
- Requested follow up for mental health treatment.

Deputies should not refer the following to the CRT, and should seek other appropriate resources instead:

- Elderly people with cognitive issues (dementia/ Alzheimer's). The appropriate resource is Adult Protective Services.
- Issue is occurring in the schools. The appropriate resources are available in the school system; consult the school resource officer.
- 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.
- Primary issue is medical.

E. Crisis Intervention Team

In addition to the Community Response Team, Douglas County Sheriff's Office trains many of its personnel in the P.O.S.T.-approved, 40-hour Crisis Intervention Team certification training. The training acquaints them with specific de-escalation techniques. The purpose of the team is to enhance the capabilities of the Sheriff's Office to effectively intervene and de-escalate crisis situations involving people with mental health disorders, developmental disabilities, substance abuse disorders, and related conditions. Like the CRT, the Crisis Intervention Team is a community partnership among mental health care providers, hospitals, advocacy groups, and local and state law enforcement agencies. <1.1.3>

The following procedures apply to the Crisis Intervention Team:

- The Patrol Division captain shall ensure that CIT-trained personnel are distributed among the shifts, to increase the likelihood that personnel who are trained in de-escalation techniques are available to each patrol team.
- Unless the CRT is available, whenever possible, a CIT member shall be dispatched as the primary unit to calls for service involving mentally ill or developmentally disabled people in crisis, including suicidal subject calls or other situations in which mental health disorder or developmental disability are believed to be factors.
- CIT members shall be permitted and encouraged to cross district boundaries to handle appropriate calls for service.
- CIT members shall be allowed to use all the time they deem necessary to successfully de-escalate individuals in crisis.
- When not acting in a CIT capacity, team members will perform their normal duty functions.
- CIT members will not be placed on call beyond their normal duty hours for CIT issues.
- If the circumstances warrant the activation of the SWAT Team, continued use of the CIT member will be at the discretion of the crisis negotiation team leader.

The responsibilities of the CIT coordinator are:

- Coordinates CIT certification and continuing education training.

- Serves as needed as a liaison to advocacy organizations and other community stakeholders in regards to mental illness and related disorders.

IV. EMERGENCY MENTAL HEALTH COMMITMENTS

A. General Considerations

Emergency mental health commitments under 27-65-105 are civil rather than criminal detentions. There are two kinds of commitments authorized by this statute. One is known as a 72-hour hold for evaluation (M-1), the other is known as a transportation hold (M-0.5).

People whose mental health disorder causes them to be an imminent danger to themselves or others, or who are gravely disabled, can be involuntarily committed for a 72-hour observation. The standard of proof required under this statute is *probable cause* to believe that, because of a mental health disorder, a person poses an imminent danger to himself or others, or is gravely disabled, meaning that they cannot accomplish their activities of daily living sufficiently to care for themselves. Support given by others to the person with mental health disorder, and the potential consequences of the withdrawal of such support, should be considered in determining whether a person is gravely disabled.

People who exhibit behaviors that cause deputies to believe that they are in a mental health crisis and need an immediate evaluation for treatment, but who are not an imminent threat to themselves or others, and who are not gravely disabled, (in other words they can't be detained for an M-1) can be lawfully detained under a transportation hold. Under the transportation hold, a person may be transported to a facility and held for only six hours, as opposed to the 72 hours an M-1 affords. Those detained on a transportation hold shall be taken to an outpatient mental health facility, a crisis walk-in center, or other clinically appropriate center. If no such facility is available, the person can be taken to an emergency medical services facility.

If the exhibited behavior is due to some factor other than mental health disorder, such as drug or alcohol intoxication or a developmental disability, then the emergency commitment procedures under C.R.S. 27-65-105 cannot be used. Under such circumstances, some other disposition, such as a detox placement, may be appropriate and should be considered. Personnel shall consider a making a CRT referral if the circumstances dictate (See Section III, above).

B. Authority to Commit

Peace officers have the authority to commit individuals under this statute; firefighters, EMTs and paramedics do not. However, the statute also provides that the "intervening professional" (i.e., the person ordering the hold / evaluation) may rely on the personal observations of others if they are considered reliable. In accordance with this provision, EMS personnel have established protocols whereby they may contact their supervising physician, apprise him or her of the circumstances, and obtain verbal authorization to hold and transport the subject for a mental health evaluation. Once at the facility, the physician may detain the person with suspected mental health

disorder pursuant to his or her statutory authority. Nonetheless, the best practice for peace officers is to complete an *M-1* or *M-0.5* (as dictated by the circumstances) form on scene, regardless of the method of transport to the hospital or other receiving facility, so that the subject cannot refuse evaluation or treatment upon arrival at the facility.

C. Transporting the Subject.

The subject should be transported to a hospital emergency room or other designated receiving facility by either law enforcement or EMS personnel. Ideally, the transport should be done by the CRT or other law enforcement, unless:

- the subject needs immediate medical care.
- the subject needs to be four-point restrained.
- manpower or call-load prohibits law enforcement transport.

Unnecessarily transporting subjects by ambulance creates a substantial financial burden on the subject and their family, creates an unnecessary drain on emergency medical resources, and increases society's cost for medical care when transportation costs cannot be recovered by the ambulance service. The CRT is a useful option and can transport people to appropriate facilities when they are on duty.

Crisis Response Team will follow DCSO policy for transporting a person(s) without a cage, *P&P –B-104*. Deputies shall handcuff mentally ill patients prior to transportation just like they would any other detainee.

D. Required Reports.

Deputies shall author an incident report under the following circumstances:

- Office personnel take a citizen into custody for involuntary commitment pursuant to either an *Emergency Mental Illness Report and Application* (M-1) or an *Involuntary Transportation for Immediate Screening* (M-0.5).
- The subject attempted suicide by any method.
- Physical force was used by Office personnel to restrain the subject.
- Anyone was injured because of the incident.
- Force was used by Office personnel to gain entry to the location where the subject was contacted.

V. MENTAL HEALTH RESOURCES <41.2.7b>

Readily available mental health resources include:

- AllHealth Network 24-hour emergency line: 303-730-3303
- Rocky Mountain Crisis Partners 844-493-8255
- Juvenile Assessment Center: 720-974-3386
- Veterans Administration: 888-336-8262
- Developmental Pathways: 303-360-6600
- Douglas County Human Services: 303-688-4825
- NAMI Arapahoe/Douglas (family support): 303-991-7688

Each of the following facilities is approved to accept patients on M-1 holds, provided that the facility is not on psychiatric divert or advisory status:

- Skyridge Medical Center
- Parker Adventist Hospital
- Castle Rock Adventist Hospital
- Littleton Adventist Hospital
- Children's Hospital – South Campus (practice limited to children and teens)
- Children's Hospital – Parker (practice limited to children and teens)
- Skyridge Pediatric ER (practice limited to children and teens)

Each of the following facilities is approved to accept patients on M-0.5 holds:

- AllHealth Network's Acute Care Campus (6509 S. Santa Fe Dr., Littleton. In addition to being designated to receive M-1 holds, this facility also provides 24/7/365 walk-in crisis stabilization services for people who are in crisis, but do not meet criteria for an M-1 hold.) Network 24-hour emergency line: 303-730-3303.)
- Aurora Walk-n Crisis Services (2206 Victor Street, Aurora. This facility also provides 24/7/365 walk-in crisis stabilization services for people who are in crisis, but do not meet criteria for an M-1 hold.)

VI. BOOKING PEOPLE WITH SUSPECTED MENTAL HEALTH DISORDER INTO JAIL

Consistent with Colorado law, people who are detained *solely for mental health evaluation (M-1 or M-0.5 holds) cannot be booked into the jail.*

When booking a subject into jail who is believed to have a mental health disorder, appears to be a danger to him or herself or others, or has threatened suicide, the arresting member will verbally alert detention staff of their concerns at the time of intake and document who they notified in their arrest report. Such notifications will also be documented on the medical questionnaire. <4C-22> Members are to treat all suicidal statements seriously.

Arresting officers will be asked during intake screening whether they have observed any mood, behavioral, verbal or nonverbal indications of suicidal ideation. Any such behavior will be reported to the detention division shift supervisor for further review.

VII. TRAINING RELATED TO MENTAL HEALTH DISORDERS <41.2.7.d & e>

All new Sheriff's Office members shall receive awareness-level training in the recognition of mental health and related disorders, verbal crisis de-escalation techniques, and how to access community resources for dealing with mental health and substance abuse disorders. <41.2.7.d> The training curriculum will be reviewed and updated as necessary at least every three years. The training should include access to the court system and applicable case law. Members must attend refresher training in the above topics annually. <41.2.7e>

VIII. COURT ORDER TO PICK-UP & TRANSPORT

The court may issue an order directing the Sheriff to pick up and transport an individual to a hospital emergency department or other facility for court-ordered mental health evaluation and/or treatment.

In the event of notification of such an order, the requesting party should be referred to the Civil Section. If the requesting party is merely asking for transport and no court order has been obtained, the party should be referred to Douglas County Human Services and/or the Civil Section for guidance. The Sheriff's Office will not transport an individual under these circumstances without a court order. It is possible the Civil Section will ask for assistance from Patrol. The following procedures will apply:

- These requests should come through the county attorney's office in its statutory role of presenting mental health proceedings to the District Court. It should be noted this situation is different from law enforcement placing an M-1 hold on an individual. Generally, these court orders are requested in conjunction with Douglas County Human Services.
- If another party requests such a transport, the county attorney representing Douglas County Human Service shall be contacted prior to acting on the order to confirm the order's validity and proper authority.
- The court order should always be specific as to the respondent's identity, date of transport, pick-up location, and location to which the respondent is to be transported. These orders are usually accompanied by a physician's certificate.
- A minimum of two deputies will be used to execute such orders.
- Deputies are not authorized to use force to enter any dwelling or residence on a transport order without a writ of assistance.
- If the respondent refuses to comply with the order, it is better to walk away and try again later if executing the order would unreasonably escalate the situation, unless a further warrant or exigent circumstance exists. Deputies should clarify the authority of the court order with the county attorney representing Douglas County Human Services prior to contacting the respondent.
- Once the respondent is contacted, deputies will explain the order and provide the respondent with a copy as soon as safely possible.
- Prior to transport, the respondent will be searched for weapons and other contraband and will be handcuffed.
- Upon arrival, a copy of all orders will be provided to the treating facility.
- The order requires the Sheriff only to transport the respondent to the treating facility. There is no need to remain on scene for treatment or return the respondent to the location from which they were picked up. Deputies may remain on scene for safety if the respondent becomes escalated beyond the ability of the treating facility to manage.
- Previously issued orders cannot be used for repeated transports. A new order is required each time.

By Order of the Sheriff