



KANSAS CITY, MO. POLICE PARTMENT

PROCEDURAL INSTRUCTION

DATE OF ISSUE

06-23-09

EFFECTIVE DATE

07-07-09

NO.

09-4

Subject

AMENDS

Persons with Mental and/or Substance Abuse Disorders

REFERENCE

RSMo 631.120 & 632.305.3
P.I. Arrest Guidelines; Patrol Procedures; Operation 100

RESCINDS

Procedural Instruction 07-3
Department Memorandums 90-3, 03-6

I. PURPOSE

To present guidelines for dealing with persons exhibiting a mental and/or substance abuse disorder, including persons that have displayed an imminent likelihood of serious physical harm to themselves or others.

II. PROCEDURE

This directive is divided into the following annexes:

- Annex A-** Persons Exhibiting a Mental or Substance Abuse Disorder, Including Intoxicated Persons
- Annex B-** Crisis Intervention Team
- Annex C-** Negotiator Response
- Annex D-** Mental Health Facility Walkaways
- Annex E-** Mental Health Pick-Up Orders

James D. Corwin
Chief of Police

Adopted by the Board of Police Commissioners this this ____ day of _____ 2009.

Mark C. Thompson
President

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Public View Master Index – Internet
Department Master Index – Intranet

**PERSONS EXHIBITING A MENTAL OR SUBSTANCE ABUSE DISORDER,
INCLUDING INTOXICATED PERSONS**

A. General Information

1. Officers responding to incidents involving a person suffering from a mental or substance abuse disorder must be aware that the individual may exhibit signs of agitated/excited delirium. Agitated/excited delirium is defined as a state of extreme mental and physiological excitement, characterized by extreme agitation, hyperthermia, extreme tearing of the eyes, hostility, exceptional strength, and endurance without fatigue. Other signs or symptoms may include but are not limited to profuse sweating, foaming at the mouth, hallucinations, and exhibiting signs of a high body temperature.
2. If a subject appears to be exhibiting signs of agitated/excited delirium, members will request Emergency Medical Services (EMS) personnel to respond to the scene. The member will also request a field supervisor and commander respond to the scene.
3. When an officer believes that, unless a person is taken into custody, there exists the likelihood that the person will cause serious physical harm to themselves or others as the result of alcohol and/or drug abuse, the officer may take the individual into custody and transport them to a mental health/drug-alcohol abuse facility. Persons primarily exhibiting symptoms of intoxication may be taken to a detoxification center as an initial option.
4. Officers may take a person into custody for evaluation and treatment when there are reasonable grounds to believe the person is suffering from a mental disorder, or alcohol and/or drug abuse, and presents an imminent likelihood of serious physical harm to themselves or others.

- B. An officer may be dispatched to meet a mental health provider for purposes of taking a person into custody for involuntary detention and transportation to an appropriate mental health facility. On such occasions, the mental health provider must present a completed Department of Mental Health "Application for 96 Hour Imminent Admission to a Mental

Health or Alcohol and Drug Abuse Facility” (DMH Form 132) for the person prior to an officer taking the person into custody or transporting them to a facility. The officer must conduct his or her own investigation, regarding the individual in question. The officer must have independent reasonable cause (in this context reasonable cause is equivalent to reasonable suspicion) to believe that such person is suffering from a mental disorder and that the likelihood of serious harm to themselves or others is imminent unless such person is immediately taken into custody. If the officer does take the person into custody the officer must complete another “Application for 96 Hour Imminent Admission to a Mental Health or Alcohol and Drug Abuse Facility” (DMH Form 132) based on their own personal observations or investigation. Officers may also be required to complete the "List of Witnesses" (DMH Form 137) and "Affidavit" (DMH Form 142). Officers may refuse to seize an individual when it appears forcible entry will be required and the officer has legitimate reason to believe:

1. That the person in question does not pose an imminent risk of serious physical harm to themselves or others, or;
2. The mental health provider does not possess the appropriate application for admission form requesting officers to take custody of the individual for transportation to an appropriate facility.

*C. Offenses Committed by Mental Health Patients

1. If an officer is dispatched to a mental health facility regarding an offense committed by a patient, the officer will:
 - a. Complete the appropriate report.
 - b. For city cases, issue a General Ordinance Summons (GOS). Contact the appropriate investigative element on state cases.
 - c. Use discretion in making a custodial arrest based on the overall condition of the suspect and the recommendations of the treating caregivers.
 - d. When the offense is an assault, the Assault Squad will be notified by phone. In the event the Assault Squad is not available, the Homicide Unit is to be notified.
2. The reporting officer shall record all notifications made by phone or in person by documenting the time notification was made and the identity of the person notified.

D. Persons Suffering from a Mental Disorder and Alcohol and/or Drug Abuse

1. Persons suffering from a mental disorder, alcohol and/or drug abuse, and persons taken into custody for mental health evaluation and treatment shall be taken directly to one of the below listed facilities, except when there are complaints or visible signs of physical injury. Officers should use their best judgment in the event that the person is uncooperative. Officers shall not place a police hold on the person unless warrants are existing. The following are available mental health center locations:

a. Western Missouri Mental Health Center (W.M.M.H.C.), 1000 East 22nd Street, Kansas City, Missouri.

Individuals who have a police hold placed on them will be taken to W.M.M.H.C. Involuntary admissions will be accepted at W.M.M.H.C. for persons who are mentally disturbed persons and who display an imminent likelihood of serious physical harm to themselves or others. The reporting officer, when not CIT certified, will provide a detailed explanation for the police hold on the Mental Health Center Report, Form 208 P.D.

b. Truman Medical Center-Lakewood, 7900 Lee's Summit Road, Kansas City, Missouri.

T.M.C.-Lakewood shall not be used if the mentally disturbed person exhibits violent/aggressive behavior or if an imminent likelihood of serious physical harm to themselves or others exists. Prior to transportation, T.M.C.-Lakewood should be contacted to determine if adequate staffing is available.

2. For officer safety purposes officer(s) may request additional assistance upon their arrival at the receiving facility to assist in handling an uncooperative person.

E. The officer having the most knowledge of the circumstances shall:

1. Respond to the receiving facility.

2. Complete and submit a copy of the Mental Health Center Report, Form 208 P.D., and any other required state reports to the admitting staff.

3. Answer additional questions from the admitting staff.
 4. Complete all other necessary reports. When an Incident Report is required in regard to the incident, officers may use the narrative from the Mental Health Center Report, Form 208 P.D., or the state forms entitled, "Affidavit in Support of Application for Detention, Evaluation and Treatment/Rehabilitation – Admission for 96 Hours" (DMH 132), the "List of Witnesses" (DMH Form 137) and "Affidavit" (DMH Form 142). In the narrative portion of the Incident Report the officer will write, "see attached report(s)." The attached report will have the case report number printed in the designated area or at the top right corner of the page, when an area is not assigned. Additionally, the report will be given a page number and have the current date on it. These reports will be scanned into Intellivue.
- F. Admitting personnel may request an officer accompany a mentally disturbed person who exhibits violent tendencies to another location within the facility. The officer(s) may request additional officers if necessary.
- G. Requests for a police response to transport an individual from a mental health facility to their home or other location should only be honored if the initial referral was generated by the police department.
- H. Intoxicated Persons
1. Officers may release an intoxicated person to a responsible friend or relative at the scene, arrange for a taxi if a person is agreeable, transport the person to the person's residence or transport the person to a patrol division if arrangements have been made for a friend or relative to pick up the person. Officers will use good judgment and discretion in choosing any of these options. Additional options available to officers include the use of the following alcohol detoxification services which accept indigent and drug abuse referrals for voluntary admission:
 - a. **Kansas City Community Center, Inc. (KCCC), 1514 S. Campbell Street, Kansas City, Missouri. (816) 421-6670**
 - b. **Missouri Shield of Service (MOSOS) (Salvation Army), 5100 E. 24th Street, Kansas City, Missouri. (816) 483-2281**
 - c. **ReStart 918 E. 9th Street, Kansas City, Missouri. (816) 472-5664**

2. All three facilities provide detoxification services for both male and female clients. The procedure for admission requires telephoning the facility **prior to** transporting to ensure accommodations and to answer basic questions regarding the individual's condition.
3. If the individual is too incapacitated to stand/walk unsupported or respond to the officer's requests, the Metropolitan Ambulance Service Trust (MAST) should be notified to transport the individual for medical attention. The determination as to the appropriate hospital will be left to the discretion of the MAST paramedics.
4. Persons that appear to be under the influence of drugs or extremely intoxicated, and persons complaining of, or having visible signs of physical injury, will be transported to a hospital emergency room for treatment prior to being transferred to an alcohol/drug abuse facility.
5. The officer's Daily Activity Log, Form 112 P.D., should reflect the date, time, and location of any contact with intoxicated parties and if applicable, the location where the individual is transported.

CRISIS INTERVENTION TEAM (C.I.T.) OFFICERS

A. General Information

1. The C.I.T. program provides a specialized approach when police intervention may be required during events that involve an individual with a mental illness, who is in crisis. This program utilizes uniformed patrol officers and supervisors who have been specifically trained for response to these calls.
2. C.I.T. officers will utilize their training to assess the situation and use their best efforts to determine the least confrontational approach in resolving the incident. If the situation dictates, the request for an "Operation 100" and/or a Negotiator response may become a consideration.

B. Crisis Intervention Team Officers

1. The Daily Assignment/Exception Entry Sheet, Form 469A P.D., will alert the respective zone dispatcher of C.I.T. certified officers who are on-duty and will be faxed to the Communications Unit prior to the beginning of each shift.
2. When available, priority will be given by the dispatcher in dispatching a C.I.T. officer(s) to incidents involving a party experiencing a mental illness crisis.
3. Any officer, department-wide, may request a C.I.T. officer to assist in crisis intervention.
4. C.I.T. officers will be available to handle all other calls when not responding to calls involving mental illness.

C. Reporting Responsibilities of C.I.T. Officers

1. The primary officer on the call will be responsible for the completion of all other reports unless relieved by the C.I.T. officer.

2. C.I.T. officers will obtain an original Case Report Number (CRN) and complete a Crisis Intervention Team Report, Form 459 P.D., on all incidents involving an individual with a mental illness.
3. Any other reports taken as a result of the incident will require a separate Case Report Number.
4. Only officers who have received certified C.I.T. training will complete the Crisis Intervention Team Report, Form 459 P.D. All other officers will continue to use the Mental Health Center Report, Form 208 P.D., when transporting a party to a mental health facility.

NEGOTIATOR RESPONSE

- A. General Information
 - 1. This annex is not to be construed as superseding or modifying Operation 100 procedures. If a person is threatening to harm themselves and also has the capacity of harming others (i.e., armed with a firearm), the appropriate response is an Operation 100.
 - 2. The dispatcher will notify an available sergeant on all suicidal parties.
- B. Officers having contact with a person threatening suicide, who is believed to have the means available, shall take appropriate action to minimize the danger to themselves and others. Police response will be directed toward successful negotiation with suicidal subjects when it can be done within a reasonable margin of safety.
- C. The sergeant shall evaluate the incident and make a decision regarding a negotiator response. If necessary, the sergeant may:
 - 1. Designate an assembly area.
 - 2. Request a "Negotiator response."
 - 3. Request a Tactical Response Team be dispatched to the assembly area.
- D. The Communications Unit supervisor will notify the negotiator supervisor, a negotiator, the affected Tactical Response Team commander, and the Media Relations Unit.
- E. The responding negotiators will work under the supervision of the Tactical Response Team commander.
- F. The Tactical Response Team supervisor will have overall authority until the arrival of the Tactical Response Team commander, who will then assume overall command of the "negotiator response."

- G. After Tactical Response Team personnel have taken responsibility for the scene, all officers and the sector sergeant may return to normal duties at the discretion of the Tactical Response Team commander.
- H. Officers must exercise their best judgment, based on their own training, experience, and knowledge of department policies and procedures, when faced with unique and difficult situations.

MENTAL HEALTH FACILITY WALKAWAYS

- A. When an individual walks away from any mental health facility and it has been determined by mental health officials that the individual poses an imminent danger to themselves or others:
 - 1. Officials from the mental health facility will notify the Communications Unit.
 - 2. Communications Unit personnel will issue a broadcast for the return of the individual to the mental health facility.

- B. An individual needing mental health care who also has a "Police Hold," for a warrant(s), should be taken to W.M.M.H.C. When an individual with a police hold walks away from a W.M.M.H.C. facility:
 - 1. Officials at W.M.M.H.C. will notify the Communications Unit.
 - 2. The Communications Unit staff will contact the Detention Unit to verify the police hold and then issue a broadcast for the return of the walkaway to W.M.M.H.C.

- C. Walkaways who have been committed to a mental health facility by court action will be entered into the Alert System by the appropriate court, county, or state law enforcement agency. Generally, no action should be taken unless a pick-up is entered into the Alert System and is verified through the appropriate mental health facility. This does not prevent department members from providing assistance if the walkaway has just occurred and the subject has been determined to pose an imminent danger to themselves or others.

MENTAL HEALTH PICK-UP ORDERS

A. General Information

1. When an individual has been incarcerated in a mental health facility following acquittal of a criminal charge on the grounds of mental disease or defect and that individual completes treatment, a trial or conditional release may be granted by the facility.
2. Facility personnel can revoke this release and verbally request law enforcement personnel apprehend and return the individual to the facility. This is accomplished through the completion of a Notice of Revocation of Conditional Release. The Notice of Revocation of Conditional Release is not issued by a court of law and should be treated as a warrantless arrest. A Mental Health Pick-up Order may also be issued.

B. Mental Health Pick-up Orders, whether issued locally or through an outside agency, should be verified by the Fugitive and Arraignment Section from 0700 through 1500 hours, Monday-Friday and by the Warrant Desk at other times. If the officer is unable to make the contact, the dispatcher can be requested to verify the order.

1. Following verification of the pick-up order, the officer will transport the individual directly to Western Missouri Mental Health Center (W.M.M.H.C.).
 - a. If during the apprehension process the individual commits a criminal act, the individual will be transported directly to W.M.M.H.C.
 - b. The officer will contact the appropriate mental health official to inform them that there is probable cause to believe the person in-custody has committed a crime and request a Police Hold be placed on the person. An arrest number is not issued until the party is actually in custody at a department detention facility.

2. The officer will complete a Mental Health Center Report, Form 208 P.D., noting in the comment section that the person was apprehended on a Mental Health Pick-up Order.
 3. The Warrant Desk will be contacted for cancellation of the Pick-up Order.
- C. If an individual wanted on a Mental Health Pick-up Order voluntarily returns to W.M.M.H.C., an official from W.M.M.H.C. will notify Warrant Desk staff and request the Pick-up Order be canceled.