Summary

This order provides procedures for dealing with mentally impaired persons

A. POLICY

Title 36, Chapter 5 Arizona Revised Statutes requires members of a police department to properly handle situations involving persons who display symptoms of serious mental impairment and/or are a danger to themselves or others.

B. DEFINITION

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 evaluation agency by the person in charge of the evaluation agency.

Mental Impairment - A disorder causing severe disturbances in thinking, feeling, and relating. The result is a diminished ability to function or cope with ordinary demands of life.

C. SYMPTOMS

1. Radical changes in personality
2. Impaired functioning
3. Distorted sense of objective reality
4. Delusion
5. Hallucination
6. Paranoia
7. Periods of depression
8. Periods of elevated mood
9. Persistent feelings of apprehension, tension, or uneasiness accompanied by physical symptoms
10. Phobias
11. Panic attacks
12. Obsessive compulsive behavior

D. EMERGENCY PSYCHIATRIC EVALUATION PROCEDURES

The following procedures apply when a person, as a result of a mental disorder, is a danger to himself or others, and is likely without immediate hospitalization to suffer serious physical harm, or serious illness, or is likely to inflict serious physical harm upon another person.
Figure 1. Emergency Evaluation Procedures

<table>
<thead>
<tr>
<th>Area</th>
<th>Procedures</th>
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<tbody>
<tr>
<td><strong>1. Contact Information</strong></td>
<td>a. <strong>Adult</strong> Community Bridges Access Point (CB) 358 E. Javelina Ave. Mesa, AZ 85210 (877) 931-9142 Connections AZ Urgent Psychiatric Care Center (UPC) 1201 S. 7th Ave., Suite 150 Phoenix, AZ 85007 (602) 416-7600, 7601, 7605 b. <strong>Juvenile</strong> Contact CR288, Terros (602) 222-9444, or La Frontera of AZ – EMPACT (480) 784-1514 If needed, contact AZ Dept. of Child Safety (DCS) (602) 255-2500 If child abuse is suspected and mental health is involved, notify an on duty supervisor before calling the Child Abuse Hotline (888) 767-2445</td>
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<tr>
<td><strong>2. Who May Request Evaluation</strong></td>
<td>Application must be made by a person with knowledge of the facts requiring emergency admission (does not have to be based on first hand observations). The applicant may be: a. A relative or friend of the person b. A peace officer c. The admitting officer d. Another responsible person e. Doctor/Medical Director/Nurse of outpatient treatment center</td>
</tr>
<tr>
<td><strong>3. General Procedures</strong></td>
<td>a. Contact CB or UPC to see if a caseworker is assigned. If person has no prior contact with CB or UPC: 1) Arrange for a psychiatric assessment 2) Explain the circumstances and the subject’s behavior to a specialist to determine • Whether to transport subject to CB or UPC • If the subject is a danger to self or others • What actions to take to protect all present b. If not satisfied with decision, ask to speak to a supervisor 1) Explain circumstances to supervisor. CB or UPC must accept the person if the situation is serious and the officer has no alternative. 2) On advice of the admitting officer, apprehend and transport person to evaluating agency</td>
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<tr>
<td><strong>4. Time Limitations</strong></td>
<td>a. For emergency psychiatric admission: May not be detained longer than <strong>24 hours</strong> (excluding weekends and holidays) <strong>without</strong> court-ordered evaluation b. Subject will be <strong>evaluated for 72 hours</strong> if a court-ordered evaluation is obtained</td>
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### 5. Peace Officer Application For Emergency Admission

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<tr>
<th>You do not need to personally observe the behavior in question.</th>
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<tbody>
<tr>
<td>a. You or someone in your presence notifies CB or UPC by telephone</td>
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<td>b. You may take the person into custody and transport the person to the assigned agency for screening</td>
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<tr>
<td>c. Complete ADHS/BHS forms <strong>MH-100</strong> and <strong>MH-104</strong>, make a copy for Records, and submit original document to the accepting facility</td>
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<tr>
<td>d. <strong>Complete a general offense</strong> report documenting the incident</td>
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<tr>
<td>e. <strong>Ensure copies</strong> of all submitted documents are <strong>scanned</strong> into the general offense report</td>
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### 6. Hospitalized Patient Seriously Mentally Impaired

| a. Request the hospital to contact CB or UPC and explain the need to the staff |
| b. Verify permission to transport |
| c. With permission of CB or UPC, transport to Magellan UPC |

### 7. Violent Mentally Impaired Adult

| a. Use appropriate arrest and restraint procedures |
| b. Provide protection for all assisting personnel (e.g., ambulance drivers, hospital attendants) |
| c. Detain and deliver directly to CB or UPC ensuring safe and proper delivery |

### 8. When A Person Has Committed A Crime and It Is Preferred that the Person:

| a. **Receive emergency admission for psychiatric evaluation** rather than being arrested and detained: |
| 1) Request emergency psychiatric evaluation first |
| 2) Request a complaint as needed later |
| b. **If arrested and detained**: |
| 1) Do not request emergency psychiatric evaluation |
| 2) Allow a relative or other person to file for a petition if needed |

### 9. Transportation Considerations Prior To Transport

| a. Search impaired person |
| b. Use restraints that take into account physical condition |
| c. Use two officers to transport |
| d. Make every effort to locate and bring all medications the person requires |
| e. **If a juvenile, do not transport until legal status (emancipation) is determined** |

Officers may take weapons into CB or UPC and secure them in the area provided

### 10. Documentation

Complete a general offense report including when a seriously mentally impaired person is transported. Include:

| a. Factual basis which indicates the commitment was necessary |
| b. Statements from witnesses |
| c. Supplemental reports from all officers involved |
| d. Date and time of service |
| e. Phone calls to referral agencies |
| f. Transport |
E. MENTAL HEALTH COMMITMENT ORDER

[74.1.2] **Definition:** A mental health commitment order is a legal process issued by an admitting officer or a court requiring a peace officer to take custody of a subject and deliver the subject to a specified location. A mental health commitment order has a service life of 14 days.

Figure 2. Commitment Order Procedures

<table>
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<tr>
<th>Responsible Party</th>
<th>Procedures</th>
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</table>
| **Court / Medical Professional** | 1. Sends a fax advising Communications of the order and the subject's condition, demeanor, or special instructions.  
MENTAL HEALTH ORDERS:  
a. **Signed by Admitting Officer** – Authorize police to apprehend and transport to a mental health agency. Police may **not** force entry into constitutionally protected areas based on this type of order unless justified by exigent circumstances or emergency aid exception.  
b. **Signed by Judge** – Authorize police to apprehend and transport to a mental health agency. Police may force entry only into subject's residence or any other location specifically listed in the order. Police may not force entry into any other constitutionally protected area unless justified by exigent circumstances or emergency aid exception. |
| **Communications** | 2. Call the CB or UPC to confirm validity of the order  
3. Enter call into CAD  
4. Make two copies of the order; one to go with the subject and one to go with the general offense  
5. Provide precinct sergeant with all documentation related to the order  
6. **Assign two** officers for pick up if precinct sergeant determines that service will be attempted  
7. **Enter a delayed call for service** for the next shift if subject cannot be located  
8. If not served after three attempts, contact CB or UPC to determine whether or not to continue to attempt service  
9. Document in CAD all information including CB’s or UPC’s instructions |
| **Precinct Sergeant** | 10. **Review documents and contact CB or UPC to obtain additional information/documentation** about any potential threats posed by the subject  
11. Run a criminal history check, address check, and Coplink check for any history of violence  
12. If pickup will be attempted, determine necessary resources, generate a plan for service, and assign a call for service  
13. If order is from UPC, you may contact UPC and request to transport the person to CB. UPC will call CB and provide the proper paperwork. Call CB and inform them you have a UPC order and are bringing the person to their facility.  
14. If forced entry is determined to be necessary, contact the watch commander to decide whether it will be attempted. All forced entries will be made by SWAT unless immediate entry is required based on imminent threat posed by the subject to self or others. If the subject is located and detained, police will deliver the subject and paperwork to requestor. |
MENTALLY IMPAIRED PERSONS - Procedures

15. **Document if subject is located** and any actions taken (subject apprehended or decisions not to apprehend) in a general offense report, specifically any contact with the subject.

16. Document all attempts in a general offense report **if subject cannot be located** and notify Communications to enter a delayed call for service for the next shift.

17. Record the report number on front of the **committal order copy** and submit to Records for scanning. **Document** in the report any **weapons or property seized** for safekeeping.

F. **MERCY MARICOPA INTEGRATED CARE’S CRISIS TEAM**

**OFFICER SHOULD REQUEST** a mobile crisis team to officer’s location when officer is not doing a committal but does not feel comfortable leaving person without services. Mercy Maricopa Integrated Care Crisis Hotline: 602-222-9444 available 24 hours a day.

G. **CIVIL STANDBY**

**MENTAL HEALTH SPECIALISTS:** In situations involving a mental health specialist requesting a standby with a patient, stand by until the mental health specialist leaves or feels that the officer’s presence is no longer needed.

H. **DISPATCHING CALLS**

**DISPATCHING POTENTIAL MENTAL HEALTH** in progress calls:

1. Attempt to find an available Crisis Intervention Team (CIT) officer working in the precinct
2. If no CIT officer is located in the precinct, check the other precincts for a CIT officer
3. Dispatch at least one CIT officer if not two CIT officers to respond to the call in addition to the beat officer

I. **TRAINING [41.2.7]**

1. Newly hired employees will receive training at the time of job entry
2. Training information will include: Recognition skills, verbal de-escalation techniques, and accessing immediate resources for assistance
3. **RECRUITS** will receive training on mental illness at the academy
4. At least every three years, employees will attend a refresher training class on mental illness
5. All CIT officers will attend at least annually a four hour CIT continuing training hosted by the East Valley CIT Program Collaboration or another comparable CIT training

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