
KANSAS CITY, KANSAS POLICE

GENERAL ORDER

ORDER NUMBER: **40.13**
ISSUED DATE: 07/23/2019
EFFECTIVE DATE: 07/30/2019
RESCINDS: 40.13 issued 05/08/18

SUBJECT: Crisis Intervention Team Response –
Persons with physical disability, Intoxicated
Individuals and Persons in Mental Health Crisis

REFERENCE: CALEA [Ch.13, 71](#)

CROSS REFERENCE:

CONTENTS:

- I. PURPOSE
- II. DEFINITIONS
- III. DEPARTMENT RESPONSIBILITY CONCERNING PHYSICALLY DISABLED PERSONS
- IV. RESPONSIBILITY OF DEPARTMENT MEMBERS CONCERNING PERSONS WITH PHYSICAL DISABILITIES OR IN MENTAL HEALTH CRISIS
- V. ROUTINE AND EMERGENCY INTERACTION WITH PERSONS WITH PHYSICAL DISABILITY
- VI. HANDLING DEAF AND HEARING IMPAIRED INDIVIDUALS
- VII. HANDLING OF INTOXICATED INDIVIDUALS
- VIII. EMERGENCY COMMITMENT FOR INTOXICATION
- IX. RESPONSE TO PERSONS IN MENTAL HEALTH CRISIS
- X. INVOLUNTARY COMMITMENT OF PERSONS IN MENTAL HEALTH CRISIS
- XI. MOBILE CRISIS CO-RESPONDER
- XII. FULL-TIME CIT OFFICER
- XIII. TRAINING

I. PURPOSE

- A. To provide guidance to the agency in committing itself and its employees to providing quality services to people with various disabilities in compliance with the Americans With Disabilities Act.
- B. To familiarize personnel with Departmental policy regarding the handling of individuals who are hearing impaired.
- C. To familiarize sworn personnel with Department guidelines dealing with the handling of intoxicated individuals, including emergency involuntary commitment, if necessary.
- D. To familiarize all sworn personnel of the Department with established Department procedures for the handling and processing of individuals suffering from a mental health emergency, including evaluation, assessment and disposition of persons with mental illness.

II. DEFINITIONS

- A. Qualified individual with a disability - An individual who, with or without reasonable modifications to rules, policies, practices, the removal of architectural, communication, or transportation barriers; or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.
- B. Disability - A physical or mental impairment that substantially limits one or more of the major life activities of a person; a record of such impairment; or being regarded as having such an impairment. Causes for this impairment can vary but are not limited to: social, psychological, biochemical, genetic, or illness/injury.
- C. Reasonable accommodation - Includes the modification of existing facilities to make them readily accessible to individuals with disabilities; acquisition or modification of equipment; and appropriate alteration of policies.
- D. A person "incapacitated" by intoxicants - An individual, as a result of the use of intoxicants, is unconscious or has impaired judgement.

- E. Impaired judgment - Incapable of realizing and making rational decisions with respect to such individual's need for treatment. Or such individual lacks sufficient understanding or capacity to make or communicate responsible decisions concerning such individual's well being.
- F. Intoxication - By reason of taking intoxicants, an individual does not have the normal use of his or her physical or mental faculties, thus rendering him or her incapable of acting in the manner in which an ordinary prudent individual, in full possession of his or her faculties, using reasonable care, would act under like conditions.
- G. Intoxicants - A substance that causes intoxication (alcohol or drugs).
- H. Person in Mental Crisis - Any person who is mentally impaired to the extent that such person is in need of treatment and/or who is a danger to self or others, and:
 - 1. Lacks sufficient understanding or capacity to make responsible decisions with respect to the person's need for treatment; or
 - 2. The individual refuses to seek treatment. Proof of a person's failure to meet the person's basic physical needs, to the extent that the failure threatens the health or safety of such person's life, shall be deemed as proof that the person is dangerous to self.
- I. Treatment - Any necessary services that are in the best interest of the physical and mental health of the patient and rendered by or under the supervision of a qualified mental health professional and/or physician.
- J. Treatment Facility - Any mental health clinic, psychiatric unit of a medical care facility, adult care home, physician, or any other institution or individual authorized or licensed by law to give treatment to any patient.
 - 1. For the purpose of this policy, treatment facilities are:
 - a. RSI - located at 1301 N. 47th St KCK- is a Behavioral Health crisis stabilization, observation and sobering unit for mental health and substance use crises-OPEN 24/7. (Voluntary only center)
 - b. The University of Kansas Medical Center.
 - c. Osawatomie State Hospital
 - d. Wyandot Center Crisis Clinic (out-patient, voluntary facility)-1301 N. 47th St
 - e. Other authorized health or behavioral health care facility.
- K. Mobile Crisis Co-Responder – A licensed mental health professional of Wyandot Center working in a collaborative effort with the Kansas City Kansas Police Department to provide on-site mental health interventions and follow up.
- L. CIT Officer: An officer that has received specialized training for response to persons in mental health crisis
- M. Full-Time CIT Officer: A bid position in which the officer works in conjunction with the Co-Responder. This position is not designed to replace field officers in handling CIT calls, only to offer additional assistance and resources.

III. DEPARTMENT RESPONSIBILITY CONCERNING PHYSICALLY DISABLED PERSONS

- A. The Americans with Disabilities Act provides that departments of any state or local government may not exclude qualified individuals with disabilities from participation in any program, service, or activity or deny qualified individuals with disabilities the benefits of programs, services, or activities, or otherwise subject them to discrimination on the basis of disability.
- B. No single policy or procedure can address police response to all people with disabilities. It is the intent of this order to guide employees in responding to and assisting people with disabilities with whom they will have the most contact in the performance of their duties. This policy addresses common police interaction with people with disabilities including those who are complainants, victims, witnesses, arrestees, members of the community who desire to participate in Department-sponsored programs, people seeking information, and uninvolved bystanders.
- C. The Department will ensure that a consistently high level of police service is provided to all members of the community including people who may require special consideration in order to access these services.
- D. The Department will afford people with disabilities the same access to programs, services, and employment provided to all citizens. This includes services such as first responder recognition of the nature and characteristics of various disabilities, and appropriate physical and emotional support to people with disabilities who seek to access police services or who come into contact with the police. Examples include, but are not limited to:
 - 1. Recognition of symptoms and appropriate medical and emotional support for people experiencing seizures;
 - 2. Sensitivity to and appropriate physical support in aiding people who are mobility challenged;
 - 3. Access to interpreters or equipment for people with hearing or speech disabilities who have a need to communicate with police personnel.
 - 4. Other accommodations to ensure service and access to all people with visual, mental, emotional and medical disabilities including "invisible" disabilities such as diabetes, epilepsy, multiple sclerosis, loss of hearing and others.

- E. The Department will offer training and information to all employees on recognition of various disabilities and the provision of appropriate police services to people with disabilities.
- F. The Department shall provide training to all officers on appropriate response to both non-arrest and arrest situations involving people with disabilities.
- G. The Department will provide reasonable accommodation to all qualified individuals who have a known disability.

IV. RESPONSIBILITY OF DEPARTMENT MEMBERS CONCERNING PERSONS WITH PHYSICAL DISABILITIES OR IN MENTAL HEALTH CRISIS

- A. In the performance of their duties, police officers and civilian staff will encounter people with disabilities in every possible situation. In providing police service to the public, it is incumbent on every employee to ensure that people with disabilities are afforded all rights, privileges, and access to the Department provided to those without disabilities.
- B. People with disabilities may also be suspects or arrestees and require detention, transport, and processing. Officers need to use proper methods of transport, arrest, and detention to ensure officer safety while providing all reasonable support to an arrestee with a disability.
- C. Officers should develop the ability to recognize the characteristics of various disabilities, including symptoms, and physical reactions.
 - 1. Mental Health Indicators:
 - a. Dramatic Mood Swings
 - b. Broken thought process
 - c. Delusions, hallucinations, speaking to him/herself, hears voices, perceives strange odors
 - d. Paranoia; believes people are watching or stalking him/her
 - e. Extremely panicked or frightened
 - f. Obscure thought process or incoherent responses
 - g. Cannot stand still or remain seated, repetitive hand movements, or fidgeting
 - h. Body positioning – doesn't want officers too close or enters personal space
 - i. Repeats commands, questions, or statements of others; echolalia
- D. Officers must recognize that responses of people with certain disabilities may resemble those of people who have abused substances such as alcohol or drugs. At times, such traits may be exhibited by people with diabetes, epilepsy, multiple sclerosis, hearing impairments, mental illness and other disabilities.
- E. Officers should be able to identify and apply appropriate responses, such as notifying emergency medical service personnel, protecting and calming an individual, attempting to communicate with a hearing impaired individual by writing, securing professional medical attention, locating and enlisting support of family and friends, contacting mental health professionals, co-responder, attorney's, legal guardians and rendering proper physical support.
- F. Officers should apply reasonable and appropriate restraint to a person with a disability, if needed to facilitate an arrest. When arresting a person with a disability, officers should be able to access the support systems necessary to secure the rights of the individual. If an interrogation is going to be conducted, this may include use of interpreters, attorneys, and legal guardians.
- G. In all cases, officer safety will be the first consideration. No officer should jeopardize his or her safety or that of others in an attempt to accommodate a person with a disability.

V. ROUTINE AND EMERGENCY INTERACTION WITH PERSONS WITH PHYSICAL DISABILITIES

- A. In providing routine and emergency services, equal response, support and protection will be provided to all people with disabilities. Officers will make every effort to access appropriate support organizations when needed. All Department services will be made available to people with disabilities. This includes:
 - 1. Communications accessibility for both emergency and routine situations. All dispatchers will be trained to recognize characteristics of people whose disabilities may require special communications techniques and methods for providing service. The Public Safety Communications Center will maintain TTY (Teletypewriter) or TDD (Telecommunications Devices for the Deaf) services for deaf and hard of hearing people.
 - 2. Access to Department programs. Crime prevention programs such as neighborhood watch programs, youth programs, in-school programs, and other programs will be made available to people with disabilities through outreach, modified program schedules, use of interpreters or other auxiliary aids and services, and other efforts to accommodate special needs.

B. Response to Routine Calls for Service

1. Officers should be aware that people with disabilities have special needs that may have to be met in order to provide the best possible police response to calls for service. Officers should be able to identify specific needs of people with disabilities.
2. Officers should be sensitive to the fact that some people with disabilities may be targeted as crime victims as a direct result of their disability.
3. Officers should be familiar with techniques they may employ at a scene (during the initial call for service and follow-up) to provide support to people with disabilities. All reasonable steps should be taken to aid people with disabilities in bringing calls for police service to successful conclusion.

C. Response to emergency calls for service

1. Officers should be able to identify characteristics common to specific disabilities in a crisis or emergency so that appropriate action may be taken to render aid and assistance. If the person with the disability is unable to communicate, employees should seek a medical alert bracelet or similar form of ID and input from family, witnesses, and others to aid in identifying the nature of the disability.
2. As first responders, all employees should be aware of emergency medical services available to various disabilities.

D. Response to Criminal and Disruptive Behavior

1. Some people with disabilities commit crimes. Some people with disabilities also exhibit disruptive behavior.
2. Generally, people with disabilities who commit crimes or engage in disorderly conduct should receive no preferential treatment. However, disorderly conduct should not be treated as a criminal activity when it is the manifestation of a disability. For example, when such conduct is the result of a seizure or mental disability, the call for service should be handled as a medical call rather than an arrest situation.
3. Officers should be aware that, in such situations, it is common for people with disabilities to seek sympathy as a way to lessen the outcome of the police response.
4. In all such situations, officers should take reasonable precaution to protect themselves and others.

E. Arrest and Custody.

1. Employees should use appropriate precautions and safety techniques in arresting all people, whether or not they have a disability. Officers should follow all policies and standard techniques for arrest when taking a person with disabilities into custody.
2. Consideration should be given to the special needs of some people with disabilities in an arrest situation. Response in these situations requires discretion and will be based, in great part, on the officer's knowledge of characteristics and severity of the disability, the level of resistance exhibited by the suspect, and immediacy of the situation. In arrest situations, employees may encounter the following:
 - a. A person whose disability affects the muscular or skeletal system may not be able to be restrained using handcuffs or other standard techniques. Alternative methods (prisoner transport vehicle, seat belts) should be sought.
 - b. Some people with disabilities require physical aids (canes, wheel chairs, leg braces) to maintain their mobility. Once the immediate presence of danger has diminished and the suspect is safely in custody (for questioning, etc.), every effort should be made to return the device. If mobility aids must be withheld, the prisoner must be closely monitored to ensure that his or her needs are met.
 - c. Prescribed medication may be required at regular intervals by people with disabilities (diabetes, epilepsy, mental illness). Medical personnel (the suspect's physician, on-call medical staff, emergency room medical staff) should be contacted immediately to determine the importance of administering the medication, potential for overdose, etc.
 - d. Some people with disabilities may not have achieved communications comprehension levels sufficient to understand their individual rights in an arrest situation. Officers must take extra care to ensure that the rights of the accused are protected.

VI. HANDLING DEAF AND HEARING IMPAIRED INDIVIDUALS

A. General Information

1. Under normal circumstances the hearing impaired are usually apprehensive when being questioned, cited or detained by a police officer. The apprehension and confusion for the deaf is magnified due to their inability to hear and in many instances their lack of verbal communication skills. Therefore, to insure that these individuals are treated in an equitable and courteous manner the following guidelines have been formulated:
 - a. When communicating with the severely hearing impaired person it should be remembered that their understanding of the written English language on the average may be equal to a 3rd or 4th grade level

- b. In written communications with the hearing impaired, officers may wish to write on their personal notebooks in order to save the information for later reference or court proceedings.
 - c. When a hearing impaired person is arrested for a serious offense and the services of an interpreter are utilized the interview process should be videotaped, based upon a supervisor's approval.
 - d. For people who are deaf, there is no sign language for the term "waive" in regard to the Miranda rights. Yet, in an effort to be cooperative, a suspect who is deaf may acknowledge that he or she is willing to give up his or her rights.
 - e. Any time an interpreter is being requested a supervisor should be notified of the incident and the facts surrounding the request, the supervisor will then be responsible for notifying and appointing a qualified interpreter.
- B. Initial Contact - Immediately upon determining that the individual you are going to detain has a serious hearing impairment write the individual a note and request to see their driver's license. If they do not have a license request some other form of identification.
- 1. Give them a piece of paper and a pen or pencil so that they may direct questions to you if necessary.
- C. Completion of the Information for the Hearing Impaired form (Appendix KCKPD Form #213) - In all instances when deaf individuals are to be booked give them a copy of the Information for the Hearing Impaired form (Appendix KCKPD Form #213) in order that they might read it and be aware of what is taking place. To reduce confusion for the deaf individual the form should be completed in the following manner:
- 1. Complete the top area of the form stating why the party has been detained.
 - 2. Determine which one of the sections the person needs to read and indicate such by placing an 'X' in the appropriate box.
 - 3. Cross out all other sections or sub-sections so the individual will not attempt to read those areas and become confused.
- D. Interpreters - A qualified interpreter will be appointed for the hearing impaired who have been arrested for serious offenses in all instances when;
- 1. Such person is arrested for an alleged violation of a criminal law of the state or any city ordinance. Such appointment shall be made prior to any attempt to interrogate or take a statement from such person.
 - a. The mere stopping and issuing of a misdemeanor summons or traffic citation to an individual does not require an interpreter.
 - b. Interpreters are not required when an individual is arrested on a traffic or misdemeanor ticket, when no attempt is made to interrogate or take a statement from such person.
 - c. Do not attempt to interrogate or take a statement until a qualified interpreter is appointed and has advised the suspect party of his or her rights pursuant to the Miranda decision. As soon as the suspect has been advised of his or her rights and acknowledges understanding of same, proceed with the investigation along normal lines with the exception of using an interpreter.
- E. Qualification of Interpreter
- 1. No one shall be appointed to serve as an interpreter for a person if he or she is married to that person, closely related to that person, living with that person, or is otherwise interested in the outcome of the proceeding, unless the appointing authority determines that no other qualified interpreter is available to serve and that hearing impaired person wants that individual as an interpreter.
 - 2. No person shall be appointed as an interpreter unless the appointing supervisor makes a preliminary determination that the interpreter is able to readily communicate with the person in their primary language, or who is deaf and is able to accurately repeat and translate the statement of said person.

VII. HANDLING OF INTOXICATED INDIVIDUALS

- A. Officers who come into contact with a person who is believed to be incapacitated by alcohol or other substances must weigh the obligation to protect the individual from harm against the individual's immediate personal liberty. Officers should consider the apparent level of intoxication or impairment as well as any other available information when deciding the method most effective in rendering assistance. The most obvious indicator would be whether the subject is non-incapacitated or incapacitated.
- B. A non-incapacitated or incapacitated individual can be classified as:
- 1. Medical Risk - Due to the individual's level of intoxication the officer believes the individual represents an immediate health risk. Officers should request the appropriate emergency medical response unit to take over care and control of the person.
 - 2. Offender - The officer has probable cause to believe that the individual has committed or is in the process of committing a U.G. ordinance violation or a state statute violation. The officer should exercise judgment depending on the level of crime committed, as to whether or not to take the individual into custody in accordance with arrest procedures,
 - a. An individual apparently in need of medical attention should be transported to The University of Kansas Medical Center, or if necessary, the nearest medical facility for treatment.

- (1) Kansas City Kansas Fire personnel can be summoned to the scene to evaluate minor issues. If it is determined the medical issue is stabilized and the intoxicated person refuses further treatment the individual can be taken to RSI for sobering and observation.
 - (a). It is preferred that the individual be transported to RSI by the officer in order to minimize the public safety resources necessary for the proper conclusion of the call.
 - b. If the crime is low level and non-violent, officers should consider taking the individual to RSI at 1301 N. 47th St., KCKS in lieu of booking the individual or issuing a citation.
 - (1) Intoxicated individuals can be dropped off at the center for voluntary access to additional drug and alcohol sobering and treatment services.
 - (2) Once the arrestee requests to seek treatment at RSI the officer will follow the procedures outlined in G.O. 60.01 DUI Procedures Section IV H 1-3.
 - c. Once an individual is booked into the WYCO detention facility on a U.G. ordinance violation, the officer may place a six hour protective custody hold on the arrestee if the officer believes that the arrestee may cause injury to himself/herself, others, or may cause damage to property if not detained. This information must be included in the report and communicated with booking officers at the time of arrest to ensure appropriate screening is then completed inside the detention facility.
- C. An intoxicated person, who upon observation may be incapacitated, or suffering from some other ailment in association with their alcoholic condition, will be afforded the opportunity for immediate treatment.
- 1. Officers should request emergency medical assistance to respond to the scene to take over care and control of the individual for medical issues.
- D. When an intoxicated person cannot be classified as either a medical risk or as an offender, the officer should attempt one the following:
- 1. Transport the intoxicated individual to RSI for sobering.
 - 2. Within reasonable limits, attempt to find a way home for the subject.
 - 3. Within reasonable limits, attempt to locate family or friends who are willing to take over care and control of the individual.
 - a. Officers transporting individuals to another location will advise the dispatcher of the transport and the destination. When transporting such persons in a police vehicle, officers will adhere to transport guidelines.
 - b. Communicate to the friend or family member that in the event the person becomes a danger to themselves or others, or exhibits violent behavior, they should immediately contact the police.
 - 4. Contact Heartland RADAC (Regional Alcohol and Drug Assessment Center) at (913) 789-0951 located at 5500 Buena Vista Street, Roeland Park, KS 66205 for suggestions or referrals
 - 5. Contact the Wyandot Center Community Behavioral Healthcare 24-Hotline at 913-788-4200 for suggestions or referrals
 - a. If the individual is accepted the officer will transport the person to a facility located within the jurisdiction of the Unified Government. Necessary paper work for admittance into the facility will be completed. A copy of the documentation along with a completed investigative report will be turned in at the end of the officer's tour of duty to a shift supervisor.
- E. Any unusual transportation arrangements (request for transport outside the Department's jurisdiction, etc.) shall be approved by the officer's supervisor prior to transport.
- 1. Kansas City Kansas Fire Department supervisor should be contacted for approval prior to a request for transportation by EMS.
 - 2. The preferred method of transportation for persons seeking treatment is by patrol unit.

VIII. EMERGENCY COMMITMENT FOR INTOXICATION

- A. Individuals that have not committed a criminal law violation nor pose a medical risk cannot be detained against their will unless the officer has a reasonable belief, upon observation, that the person is intoxicated or incapacitated by alcohol or other substances, and that because of this condition is likely to be physically injured or to physically injure others if allowed to remain at liberty. (KSA 59-2953)
- B. Officers may detain an individual under these circumstances if the following conditions are met and transport him or her to an emergency room where there is a licensed physician or psychologist on staff to examine the individual. Once it is determined the individual is medically stable the officer can start the process for the involuntary medical commitment to the Social Detox beds at Osawatomie State Hospital.
 - 1. The officer will complete the Application for Emergency Observation and Treatment (involuntary commitment ex parte order - addendum) The officer shall complete an incident supplement documenting all facts and circumstances along with the names of all the individuals involved in the incident. The officer will make application for an Alcohol or Drug Petition by 1700 hours of the next full day that the District Attorney's Office is open for the transaction of business.
 - 2. The officer will appear in court as the petitioner at the assigned time that will be given by the DA's office when the petition is filed. Until that time, the individual needing treatment will remain at Osawatomie State Hospital.

- C. Any conflicts or unusual circumstances will be communicated to a supervisor for a determination.

IX. RESPONSE TO CALLS INVOLVING PERSONS IN MENTAL HEALTH CRISIS

- A. All officers are expected to handle calls involving persons in a mental health crisis in a professional and competent manner.
 - 1. Officers should always maintain a tactical awareness of threats and take appropriate measures to protect themselves.
 - 2. The knowledge that a person is suffering a crisis does not remove the need to maintain personal safety as well as the protections of others, including the involved individual. Prior knowledge should in fact alert the responding Officer of a situation in which the person in crisis may not respond normally to the Officer. The Officer(s) should;
 - a. Mentally prepare for arrival and how to deal with a person in crisis.
 - b. Inquire from dispatch additional details such as clothing description, is the person armed, are there family members present, etc.
- B. A Supervisor will be notified when a CIT type of call is dispatched or when the arriving Officer(s) determine that it is a CIT type call.
 - 1. If the person is exhibiting signs of crisis the Supervisor will be updated and respond to the scene immediately.
 - 2. The sergeant will record and/or photograph CIT incidents using their Department cell phone whenever possible.
- C. If available, a CIT officer should be dispatched to a call involving a person in mental health crisis. Dispatching units from another division requires notification to the CIT officer's immediate supervisor.
 - 1. CIT officers have received special training in de-escalation and crisis intervention. They are familiar with services provided within Wyandotte County and have training on certain processes for assisting individuals in crisis.
 - 2. CIT officers that are not the primary responder should be used in a support role. Any paperwork needs to be completed by the primary officer unless the CIT officer agrees to or is directed to take over the call by a supervisor.
 - 3. CIT officers should not be used as a substitute for negotiators on critical incidents, hostage/barricaded subjects or suicidal persons. The training will be beneficial until they can be relieved by specially trained personnel from the department.
- D. Upon arrival, if it is determined to be a CIT type of call and Officer Safety allows it, the Officer(s) will activate any recording equipment provided such as in car camera system or body worn camera to capture the incident and implement de-escalation techniques such as:
 - 1. Slowing the call down to allow the person in crisis to process what is going on.
 - 2. Maintain a safety margin between the individual in crisis and the Officer(s). If possible, attempt to draw the person into an open area that allows safe space and minimize noises or distractions that may agitate the individual.
 - 3. Use and repeat phrases such as "My name is Officer ___ and I am here to help you". Continually reassure the individual you are there to help.
 - 4. Speak in a clear, patient, and calm voice.
 - 5. Do not argue with the individual or say "you need to calm down". Avoid lying, tricking, deceiving, or threatening the individual to get him/her to comply.
 - 6. Minimize the number of Officers speaking with the individual as this may cause confusion. If one officer has developed a rapport, allow that officer to communicate.
 - 7. Allow the individual to ventilate by asking questions such as, "tell me more about that" and use please and thank you often. Be friendly, but firm.
 - 8. Do not play into the individual's crisis such as saying you see objects that aren't there. Simply say "I am not seeing them", however it does not mean the individual is not.
 - 9. Report your situation and provide updates to the dispatcher and responding officers so that they are able to react appropriately on arrival and do not unnecessarily escalate the situation.
 - 10. In order to determine if the individual is suicidal you must ask. Be direct, but polite. Instead of asking "are you thinking of harming yourself", you should ask "are you thinking of killing yourself"? Follow up questions such as "do you have a plan?" or "what is your plan?" may be applicable. These answers will help the Officer(s) determine if the individual is a threat to themselves or others and build probable cause for protective custody.
- E. If the individual is exhibiting signs of crisis, and it appears the individual may in fact need medical attention, officers should request EMS to standby in case there is an application of force. When in fact the individual does not voluntarily accept treatment EMS may be asked to consult with a medical doctor to discuss need for a medical order to restrain.

F. If the individual is in crisis and the CIT co-responder is available, the co-responder will proceed to the scene. If unavailable, officer(s) should utilize the 24 hour hotline (913-788-4200) to advise a mental health professional of the situation to see if protective custody may be needed. If an officer has probable cause (totality of the circumstances and the ability to articulate) to believe that an individual is a danger to themselves or others, the officer may use the reasonable force necessary to take the person into protective custody for treatment at a medical facility (see section X). The decision to do so rests solely with members of the Police Department.

1. Before using force to take an individual into protective custody an officer must consider:

- a. Is there a medical court order by a doctor?
- b. Is there an evaluation or recommendation from a mental health professional?
- c. Is the family requesting intervention?
- d. The severity and immediacy of the threat the individual poses to themselves.
- e. If the individual is mentally ill or suffers from a physical condition.

2. The goal of the officer(s) is to safely take the individual into protective custody with as minimal force necessary without compromising officer safety. Many less lethal tools can have an adverse effect by escalating the situation versus deescalating. For example, in *Aldaba vs. Pickens* the court ruled it is not objectively reasonable to employ a Taser as an initial use of force against a seriously ill, non-criminal subject who possess a threat only to himself and is showing only passive resistance, regardless of whether they provide a warning first.

G. In an effort to provide the best quality service for the entire community officers are encouraged to exercise discretion when dealing with a person in crisis that has committed a crime.

1. Persons involved in situations involving loitering, trespassing, or other nuisance crimes are better served by removing them from the situation. Efforts should be made to find family members, friends or community support services that will assist the individual.
2. Due to the substantial cost of incarceration, and processing through the judicial system, and often minimal financial means of the subject, it is preferred that non-violent offenders are taken to a facility such as RSI which is open 24 hours a day seven days a week, the Wyandot Crisis Center during normal business hours or left in the care and custody of friends or family members willing to take responsibility for the subject. When appropriate, per officer discretion, it is preferred that tickets not be issued, and individuals not be incarcerated for non-violent low level crimes.
3. In most cases involving violence to another individual or domestic battery matters the officer has little discretion and the proper course of action should be followed per department policy or state statute.
4. At no time should an officer force or insist someone in crisis take a prescription medicine. Inquiries can be made if medicine has been prescribed or consumed, but do not demand that the subject take medicine.
5. It is not uncommon to find someone in a mental health crisis that has a codependency for alcohol or drugs. Intoxication can mirror some symptoms of mental illness or exaggerate other symptoms
6. Often times the need to move, fidget, stand up or even place hands in pockets is comforting to the subject in crisis. To the best that this can be safely done, the officer is encouraged to allow it.
 - a. Officers should ask first to search the pockets if there is a safety concern.

H. Whenever an officer takes no law enforcement action on a call involving a person with a suspected mental health issue the officer should advise dispatch to reclassify the incident code to 0811 Mental Impairment.

1. The reclassification allows the Department to track calls involving persons with suspected mental health issues
2. The reclassification will also be utilized by the co-responder to follow up on incidents and persons.
 - a. Officers can use the 'notes' section of the mobile computers to add comments and/or explain the actions of the individual in order to pass information on to the co-responder.

J. Any call determined to be a CIT type call will be document on an incident supplement, or on a case report if a crime occurred.

X. INVOLUNTARY COMMITMENT OF PERSONS LIVING WITH MENTAL ILLNESS OR IN MENTAL HEALTH CRISIS

A. It is important for officers to understand that persons with mental illness are best served by mental health professionals and the officers' action may affect the behavior of the person in crisis. Many persons living with mental illness have had negative experiences with law enforcement. The very presence of a uniform can cause distress, and a fight or flight response. A law enforcement officer who has reasonable belief, upon observation, that any person is mentally ill and because of such illness is likely to do physical injury to him or herself or others if allowed to remain at liberty may take such person into protective custody without a warrant. (KSA 59-2953)

1. Persons suffering a mental health crisis that commit a violent act against an officer or a serious violent act against a civilian should still be charged with the offense.

2. The subject does not have to be booked in the jail as the violent act itself is sufficient cause to justify an involuntary commitment and transportation to a mental health facility.
- B. Officers encountering individuals that they reasonably suspect to be mentally ill should, if possible, transport the individual to the RSI facility at 1301 N. 47th St. in Kansas City, KS or contact the Wyandot Crisis Center 24 hour Hotline at 913-788-4200 or the Wyandotte County District Attorney's Office for assistance or referrals. This can be accomplished prior to transport or after the individual is transported to a health care facility.
 - C. If the person is a confirmed walk-away from a treatment facility the officer may, with the approval of a supervisor, transport the individual back to that facility or place the person into the Wyandotte County Detention Center until such time that the treatment facility can make arrangements to pick-up the individual.
 - D. The officer, after determining that there are reasonable grounds to believe such person is experiencing a mental illness and after taking such person into protective custody, shall advise the person of the following rights:
 1. That he/she has been taken into custody to determine if he/she is suffering from mental illness that could be dangerous to self or others.
 - a. They will be afforded the opportunity to contact legal counsel, next of kin, or both.
 - E. The officer will transport such persons in protective custody to the Emergency Room Psychiatric Liaison Service at the University of Kansas Medical Center's emergency room, or another supervisor approved treatment facility, for the purpose of a psychiatric evaluation by a physician or mental health professional.
 1. If a mental health professional or officer is on the scene or in contact with the dispatcher, a treatment facility may have been pre-arranged. In this case the officer can transport such person directly to said treatment facility and into the custody of facility staff, with supervisor approval.
 - F. Upon request of a family member, the officer may transport a person suspected of being mentally ill to RSI -open 24/7, or to the Wyandot Center for Community Behavioral Healthcare's Crisis Services, or another supervisory approved treatment facility for psychiatric evaluation, if in the officer's judgement the person appears to be mentally ill.
 1. If relatives are in need of the officer's assistance in transporting a person to the psychiatric evaluation center, the officer will attempt to assist them, if the request is reasonable and falls within Department constraints. If necessary, another unit may transport a relative to the facility.
 - G. The officer should keep in mind that two people are necessary to commit a person involuntarily for psychiatric evaluation:
 1. The resident doctor or qualified mental health professional and a relative; or
 2. The doctor or qualified mental health professional and a police officer.
 - H. If a person at the scene is in possession of a receipt of petition from the Wyandotte County District Attorney's Office, the emergency phone numbers on the document can be contacted for current petition status and any pre-arranged treatment facility if one is currently in place.
 - I. Officers who transport non-violent individuals to a treatment facility at the request of an accompanying relative or mental health professional, may clear the scene of the health care facility once it is determined that their assistance is no longer needed.
 1. Any complications will be communicated to a supervisor for a determination.
 - J. When an officer places the person in protective custody and transports such person to K.U. Medical Center or another authorized health care facility for psychiatric evaluation, he or she must be prepared to relate all actions of such person to the examining physician Or mental health professional.
 1. The committing officer is required to stand by at the medical or psychiatric facility until such time as he/she is released from responsibility by a member of the psychiatric staff. Any complications will be communicated to the officer's supervisor for a determination.
 2. If the proposed patient is at the Psychiatric Liaison Service within the KU Med Center facility and exhibits or shows signs of violent behavior, the assisting or committing officer(s) will request a K.U.M.C. Police Officer to assist.
 3. If the individual has been transported to K.U. Medical Center, K.U.M.C. Police should provide transportation of this patient from K.U. Hospital to RSI or Wyandotte Mental Health upon request by the medical staff.
 - K. When probate court is open the officer will transport the individual to the KU Medical Center's emergency room for a psychiatric evaluation or hospital screen. The officer should contact the Wyandot Center for Community Behavioral Healthcare's Crisis at 913-788-4200 or the Wyandotte County District Attorney's Office for assistance or referrals.
 1. If the attending physician or mental health professional determines that there is probable cause to believe that the person is mentally ill, the individual will be placed in an authorized treatment facility that is within the Department's jurisdiction, if available.

2. If not available, the officer will contact his/her supervisor for a determination. If transport is authorized, two officers will transport the individual, by the most direct route. An Application for Emergency Treatment form will be filled out and signed by the individual who will be petitioning the Wyandotte County District Court prior to the end of the next working day. This individual may be a police officer who encountered the individual initially in the community.
 3. Signed emergency committal papers from the psychiatrist or mental health professional will be required before transportation to the authorized treatment facility.
- L. The officer should be prepared to provide adequately for the safety and security of the individual, the transporting officers, and the public. State statute requires that the least amount of restraint necessary shall be used in transporting such person in crisis. Accepting that officer safety is paramount, the officer has the discretion to search the subject incident to the protective custody and restrain the person as necessary.
1. Officer safety requires that the individual's right to communicate with attorneys and others will not normally be exercised during the period that the individual is being transported.
 2. In those situations where an officer is transporting an individual of the opposite sex, strict adherence to Departmental policy regarding the recording of departure time, arrival time, and vehicle mileage at both ends of the trip will be followed.
- M. In addition to any applicable Departmental reports (Officer's Defensive Action Report, Property Report, Casualty Report, etc.), an Investigative Report will be completed whenever an officer places a person believed to be suffering from a mental illness in protective custody and/or transports such individual to a treatment facility. All facts, circumstances, and participants will be documented, along with any type of restraint devices utilized during the transport of the individual. This report will be turned in at the completion of the officer's tour of duty.

XI. MOBILE CRISIS CO-RESPONDER

- A. The Kansas City Kansas Police Department in collaboration with the Wyandot Center for Community Behavioral Healthcare started a program for a mobile crisis co-responder. The co-responder is a trained/licensed mental health service provider. The main goal of the position is to improve the services to those persons with mental health issues when they come in contact with the criminal justice system.
- B. The co-responder will work out of the Community Policing Unit and can be reached at (913) 573-8712 or coresponder@kckpd.org. A vehicle will be assigned to the co-responder for mobile response.
1. The co-responder will work Monday through Friday. 0900-1700
- C. The co-responder will respond to assist officers in the field when a situation involves a person in crisis or with a known mental health issue. The officer will work jointly with the co-responder. Not every call involving a person with a mental health issue will require a response from the co-responder.
- D. Some examples of co-responder response:
1. Suicidal person that is in custody or having suicidal ideations
 2. Involuntary or voluntary commitment or person in mental health crisis
 3. Call by family member seeking assistance for person with mental health issue.
 4. Contact with a person with obvious mental health issues that it is unknown whether or not the individual is currently under the care of mental health professionals.
 5. Assistance with the victim of a crime that also has a mental health issue
 6. Any stable situation where de-escalation and follow up treatment is needed.
- E. In instances when a transport is needed the officer on the call will drive the subject to the location followed by the co-responder. The officer will coordinate with the co-responder prior to clearing the scene.
- F. Along with responding to the scene for assistance with mental health issues the co-responder will conduct follow up evaluations of known persons with mental health issues, coordinate services and assistance for persons contacted, make referrals to mental health service providers, conduct hospital and facility admissions, and provide other assistance to officers, families, and subjects as needed.
1. Coordination for field responses will be coordinated through the Operations CIT commander or the COPPS unit commander.
- G. The co-responder will coordinate with the field supervisors to conduct home visits or field contacts with persons identified as being in need of assistance.
1. Information on incidents involving KCKPD personnel will be gathered from Wyandot Inc. Hotline requests, Wyandot Crisis Center admissions, RSI intakes, and incident reporting of 0811 calls through KCKPD RMS.
 2. This data will be collected, preserved, and utilized to monitor program usage, effectiveness and any other additional needs.

- H. The mobile crisis co-responder is funded through a grant from the Bureau of Justice Assistance. The co-responder is an employee of Wyandot Center working in collaboration with the KCKPD.
- I. The co-responder will coordinate with the CIT committee designated by the Chief of Police in order to oversee the program utilization and optimize Department resources
 - 1. The CIT committee consists of:
 - a. CIT Coordinator
 - b. Operations Executive Officer
 - c. CIT Officer
 - d. Community Policing Captain
 - e. Police Co-Responder

XII. FULL-TIME CIT OFFICER

- A. Will serve as the primary contact within the KCKPD regarding behavioral health issues while working closely with the CIT Co-Responder; interactions with Wyandot Mental Health, RSI handling concerns with Emergency Room and mental/behavioral health subjects; and disseminating information regarding behavioral health issues.
- B. Conduct follow-up investigations and referrals on chronic mentally ill persons with the goal of reducing future police contacts.
- C. Provide behavioral health updates. Assist in the basic 40 hour CIT course; assist as needed in yearly in-service training for the Department and community partners; and provide roll call training when needed.
- D. Primary contact for other agencies:

Behavioral health providers

- Assist with follow-ups and home visits
- Work directly with Crisis Responders, Mobile Response to Law Enforcement, and Mental Health Case Managers
- Sharing information regarding frequent users of police services and Mental Health services with health care providers
- Communicating concerns from law enforcement to health care providers and vice versa
- Attend meetings as scheduled

Kansas City, Kansas Municipal Court

- Assist Municipal Court on issues pertaining to behavioral health
- Help the Municipal Judge, City Prosecutor, City Probation Officer, review and assess what cases will be eligible for the Mental Health Diversion Program
- Act as liaison between the Department and the community partners involved in the Municipal court Mental Health Diversion Program

Wyandotte County District Attorney's Office

- Communicate concerns and share information regarding court proceedings and supervision

Other Law Enforcement Agencies

- Information sharing regarding common contacts

- E. Working with consumers, families and case managers to help achieve best treatment plans.
- F. Respond on behavioral health related calls for service. Providing assistance to field units by responding to calls or having contact with individuals in need of behavioral health services, intervention, or assessment when available and appropriate. Providing appropriate follow-up and investigation.
- G. Conduct proactive investigations involving homeless mentally ill persons with the goal of directing them to appropriate services.
- H. Provide collaboration and consultation for appropriate Problem Oriented Policing Projects.
- I. Information tracking of repeated calls for service/reports; contact information for consumers, family members, and Case Managers; and, gathering information regarding dangerous and suicidal mentally ill consumers.
- J. Maintain office hours, when possible, to be available to address the needs and concerns of the community, with emphasis on consumers and families in need of behavioral health services, intervention, or assessment.

XIII. TRAINING

- A. All new officers will receive initial training in mental health during the academy. Once an officer has worked at least one year in patrol they will attend a 40 hour CIT course.
 - 1. All officers will receive annual refresher training in mental health.