



Tulsa Police Department

This policy statement and the procedures thereunder are intended for Police Department use only. The policies, procedures, and regulations are for internal Police Department administrative purposes and are not intended to create any higher legal standard of care or liability in an evidentiary sense than is created by law. Violations of internal Police Department policies, procedures, regulations, or rules form the basis for disciplinary action by the Police Department. Violations of law form the basis for civil and/or criminal sanctions to be determined in a proper judicial setting, not through the administrative procedures of the Police Department.

Policy # 116A

Effective Date 03/11/2026

Policy Name Adult in Need of Mental Health Treatment/Non-Criminal

Approved Date 03/10/2026

Approved by Dennis Larsen, Chief of Police

Previous Date 11/07/2016

PURPOSE OF CHANGE:

To update policy.

POLICY:

Protective custody is not a criminal arrest. It is a seizure of a person for the purpose of an emergency mental health assessment, by a licensed mental health professional (LMHP), to determine if a detention is warranted (43A O.S. § 5-206). Any officer who reasonably believes a person is a person requiring treatment because they are a danger to themselves or others, as defined in 43A O.S. § 1-103, shall take the person into protective custody. Officers may base their determination on personal observations or the statement of a third party.

The officer shall make every reasonable effort to take the person into custody in the least conspicuous manner. A person in need of treatment will be treated courteously and humanely. Investigations regarding persons in mental health crisis and/or persons with serious mental illness will be thoroughly conducted. Nothing in this policy shall be construed as being in lieu of prosecution relating to public intoxication laws.

Persons who are placed into protective custody within the City of Tulsa are to be transported and assessed at a designated Urgent Recovery Clinic (URC) . See 116A attachment for a list of URCs.

Assessments may be conducted in the field by a mobile mental health team or by telemedicine by a licensed mental health professional to determine if protective custody is necessary.

If an officer determines the person has insurance, the officer may transport the person directly to a private facility that accepts said insurance. The officer is under no obligation to ask or determine the insurance status of the person.

APPLIES TO: All police personnel

SUMMARY: Procedures for processing non-criminal adults in need of mental health treatment.

DEFINITIONS:

MENTAL ILLNESS – a substantial disorder of thought, mood, perception, psychological orientation or memory that significantly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life.

PERSON REQUIRING TREATMENT (43A O.S. § 1-103) – a person who because of his or her mental illness or drug or alcohol dependency meets at least one of the following:

1. poses a substantial risk of immediate physical harm to self as manifested by evidence or serious threats of or attempts at suicide or other significant self-inflicted bodily harm,
2. poses a substantial risk of immediate physical harm to another person or persons as manifested by evidence of violent behavior directed toward another person or persons,

3. has placed another person or persons in a reasonable fear of violent behavior directed towards such person or persons or serious physical harm to them as manifested by serious and immediate threats,
4. is in a condition of severe deterioration that is continuing, as has been observed within the previous seventy-two (72) hour period such that, without immediate intervention, there exists a substantial risk that severe impairment or injury will result to the person, or
5. poses a substantial risk of immediate serious physical injury to self or death as manifested by evidence that the person is unable to provide for and is not providing for his or her basic physical needs.

URGENT RECOVERY CLINIC (URC) – a clinic that offers voluntary services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress. Unless the person receiving treatment consents to a longer duration or unless the person is placed into emergency detention under 43A O.S. § 5-206 and 5-209, no more than twenty-three (23) hours and fifty-nine (59) minutes of services may be provided to a consumer during one episode of care at an urgent recovery clinic.

TELEMEDICINE – technology-enabled health and care management and delivery systems that extend capacity and access which includes:

synchronous mechanisms, which may include live audiovisual interaction between a patient and a health care professional or real-time provider to provider consultation through live interactive audiovisual means, asynchronous mechanisms, which include store and forward transfers, online exchange of health information between a patient and a health care professional and online exchange of health information between health care professionals, but shall not include the use of automated text messages or automated mobile applications that serve as the sole interaction between a patient and a health care professional, remote patient monitoring, and other electronic means that support clinical health care, professional consultation, patient and professional health-related education, public health and health administration;

911 CRISIS CALL MATRIX – a triage process used by Public Safety Communications to determine 911 call diversion to a non-law enforcement response.

MENTAL HEALTH CO-RESPONSE – a mobile response from a mental health professional and a law enforcement officer to a mental health incident.

PROCEDURES:

1. Officers will determine if a person should be taken into protective custody using the criteria for a person requiring treatment and the risk of harm to self or others.
2. Officers may request a Crisis Intervention Team (CIT) officer or supervisor any time they need help or under the following circumstances:
 - a. If officers are unable to establish rapport with the person in crisis.
 - b. If officers are unclear on the proper disposition of the person in crisis.
 - c. When officers have a disagreement/conflict with a mental health professional or facility.
3. Officers may utilize a mobile mental health response team for mental health consultation services in the field. Officers should inform PSC that a team is needed at their location. In the event of a voluntary admission with no safety or security concerns, the mobile team may transport the person. See 116A attachment for current mobile mental health resources.

In addition, private mental health hospitals may arrange transportation for voluntary admissions if contacted. Officers are not required to physically take someone to a URC if the person is evaluated by a licensed mental health professional in the field and a licensed mental health professional determines the person is not in need of treatment.

4. Persons may be evaluated by a licensed mental health professional using telemedicine. Many consumers of mental health services have been given an IPAD by a mental health provider capable of contacting their provider for a telehealth crisis evaluation. Officers are not required to physically take someone to a URC if the person is evaluated via telemedicine and a licensed mental health professional determines the person is not in need of treatment.
5. When an officer takes a person into protective custody based upon personal observations, the officer will complete a Peace Officer's Statement for Emergency Detention and shall include the observations that led the officer to believe the person is a person requiring treatment.
6. When an officer takes a person into protective custody based solely on the observations of a third party, the officer shall (1) have the third party complete and sign a Third-Party Statement Form, (2) ensure the third party is a credible source for the information they provided, and (3) verify the third party's statement, ensuring the person in crisis meets the criteria for taking the person into protective custody.
7. Officers shall complete an Incident Report utilizing the heading "EOD" whenever they take a person into protective custody. If the person attempted suicide, officers shall use the heading "Attempted Suicide".
8. Officers shall complete a *Field Interview Report* (FIR) when they decide not to take the person into protective custody. The report should state why the officer was called to the scene and the factors determining their decision to leave the person in the community. The report shall be directed to the Mental Health Unit.
9. Officers shall complete an FIR when transporting a person to a URC in a voluntary status. The report shall be directed to the Mental Health Unit.
10. If the person requires emergency medical treatment, contact EMSA. If the person is transported by EMSA to a hospital, transfer care to EMSA and complete the required reports for either attempted suicide or an FIR.
11. If a person does not require emergency medical treatment, Officers shall transport the person in protective custody to a designated URC. Officers shall provide the URC with a Peace Officer's Statement for Emergency Detention and/or the Third-Party Statement Form. A copy will be submitted to police records.
12. Officers will ensure the person is in a secure area for the assessment. Once custody of the individual has been transferred to the appropriate facility staff, officers shall not be required to remain at the facility with the individual pending initial assessment or treatment. Officers will provide their name and report number prior to leaving the facility.
13. Officers will respond to outpatient mental health clinics as they would to any mental health call in the community.
14. Officers will respond to mental health hospitals for disturbances in the lobby or outside grounds and defer to 116B.
15. The following is Exclusionary Criteria as it relates to the Tulsa Police Department's response to medical and mental health hospitals:

Officers will not transport admitted persons from a secured mental health facility to another secured mental health facility.

The assessment area/triage/lobby should be treated the same as an emergency room. The facility is required to provide an evaluation and stabilization. If they do not have a bed available, they should make arrangements with another mental health facility for admission and transportation. If a crime or disturbance has occurred defer to 116B.

Officers will not respond to a medical facility to transport voluntary persons.

Officers will not honor requests from a private mental health facility or medical hospital to transport out of the city limits.

Officers will not respond to requests to transport persons under a pre-hearing detention status or a civil commitment order. Requests will be referred to the appropriate County Sheriff's office.
Officers will not respond to requests to transport persons who were originally transported by another law enforcement agency.

REGULATIONS:

1. The Tulsa Police Department utilizes a crisis call matrix to triage mental health calls at Public Safety Communications. Calls are triaged and diverted to mental health professionals when applicable. Officers will respond to mental health calls for service when assigned.
2. A person in protective custody, as provided by 43A O.S. § 5-207, shall be subject to an initial assessment by a licensed mental health professional for the purpose of determining whether an emergency detention of the person is warranted within **twelve (12) hours**. Officers will provide a Peace Officer's Statement or Third-party Statement when a person has been taken into protective custody. The evaluation may be completed at a URC or in the field by a licensed mental health professional.
3. Officers will complete an *Incident Report* when taking someone into protective custody.
4. Officers will complete an FIR when specifically called to a mental health call but the person is not taken into protective custody or when transporting a person in a voluntary status.
5. CIT officers will be utilized as an additional resource and will not automatically be assigned to calls involving persons in a mental health crisis.
6. Officers will remain at the facility until the person is in a secure area for an assessment. Officers are not required to stay while the person is being assessed.
7. Before transporting, officers will thoroughly search the person and their belongings.
8. All employees are required to have an entry level training course regarding the interaction of persons suspected of suffering from mental illness. Employees are also required to complete a refresher-training course at least every three years. Documentation of this training shall be maintained by the Training Division.
9. Pursuant to state law, sworn personnel are required to attend two (2) hours of continuing law enforcement training annually relating to recognizing and managing a person appearing to require mental health treatment or services. Depending on the content, the same course may be used to satisfy the requirement in regulation 6 listed above.

REFERENCES:

116A Attachment, *Adult in Need of Mental Health Treatment/Non-Criminal Attachment*
116B *Adult in Need of Mental Health Treatment/Criminal*
43A O.S. 1-103, 5-206, 5-207, 5-208