



# Tulsa Police Department

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**Policy #** 116A

**Effective Date** 11/07/2016

**Policy Name** Emotionally Disturbed/Non-Criminal

**Approved Date** 11/01/2016

**Approved by** *Wendell Franklin, Chief of Police*

**Previous Date** 04/26/2010

## PURPOSE OF CHANGE:

To update policy format.

## 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. Emotionally disturbed people will be treated courteously and humanely. Investigations regarding emotionally disturbed persons 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 assessed at a designated mental health facility. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) has deemed both state and private mental health hospitals as designated facilities. Officers will transport persons to a state facility for an assessment. Currently, Tulsa Center for Behavioral Health (TCBH) and Family and Children's Crisis Care Center (CCC) are the state facilities.

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 emotionally disturbed adults.

## DEFINITIONS:

**MENTAL ILLNESS** – A health condition that affects a person's thinking, mood, or behavior. Such conditions may affect someone's ability to relate to others and function each day.

**SECURE FACILITY** – a hospital/facility that has a psychiatric inpatient care unit. Emergency room and medical hospitals that do not have a psychiatric unit are not secure facilities.

## PROCEDURES:

1. Officers will determine if an emotionally disturbed person should be taken into protective custody using the criteria for persons requiring treatment and the risk of harm to self or others.

## PERSON REQUIRING TREATMENT (43A O.S. § 1-103)

- a person who because of a demonstrable mental illness represents a risk of harm to self or others, who has engaged in one or more recent overt attempts, gestures, or threats to harm self or someone else, and as a result of the mental illness it can be reasonably assumed that without treatment the expectation is that the person will cause serious bodily harm to him/herself or others, or
- a person who is drug- or alcohol-dependent of sufficient severity to cause major disruption in daily living and compromises the health and safety of the community.

## RISK OF HARM TO SELF OR OTHERS (43A O.S. § 1-103)

- a substantial risk of physical harm to self as manifested by evidence of serious threats, gestures, or attempts at suicide or other self-inflicted or bodily harm,
- a substantial risk of physical harm to another person or persons as manifested by evidence of violent behavior directed toward another person or persons,
- having placed another person or persons in a reasonable fear of violent behavior, threats, gestures of harm directed towards such person or persons or serious physical harm to them as manifested by serious threats,
- a reasonable certainty that without immediate treatment severe impairment or injury will result to the person alleged to be a person requiring treatment as manifested by the inability of the person to avoid or protect self from such impairment or injury, or
- a substantial risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the basic physical needs of the person due to a mental illness, and that appropriate provision for those needs cannot be made immediately available in the community.

2. 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.
3. 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.
4. Officers shall complete an Incident Report utilizing the heading "EOD/Mental" whenever they take a person into protective custody. If the person attempted suicide officers shall use the heading "Attempted Suicide". 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 Liaison Officer.
5. If the person requires emergency medical treatment, contact EMSA to transport. If the emergency medical treatment is due to a suicide attempt, follow EMSA to the hospital and complete the required reports. If the person is admitted to the medical facility, the officer's statement and/or individual's third-party statement along with the TRACIS report number will be left at the medical facility. A copy will be submitted to police records. The hospital is required by law to complete the Licensed Mental Health Provider (LMHP) paperwork/evaluation to continue the detention. If the person is not admitted, continue the protective custody and transport the person to a designated mental health facility.

6. If a person does not require emergency medical treatment, Officers shall transport the person in protective custody to a designated mental health facility. Officers shall provide the mental health facility with a Peace Officer's Statement for Emergency Detention and/or the Third-Party Statement Form. A copy will be submitted to police records.
7. Officers will ensure the person is in a secured area for the assessment. Officers will communicate with the staff about medical clearance, provide their name and division prior to leaving the facility.
8. The mental health facility may require medical clearance before assessing the person. Officers shall contact dispatch for the hospital on rotation. If EMSA transports, officers will follow EMSA and stay with the person in protective custody. Officers will follow the same procedure in 5 if the person is admitted.
9. A licensed mental health professional will examine the person and determine if the person is in need of treatment and a detention is warranted. If the individual is deemed not to be in need of treatment, the facility will make arrangements to have the person released. If transportation cannot be arranged, an officer will return to transport the individual to a safe place within the City of Tulsa.
10. Officers may request a Crisis Intervention Team (CIT) officer, formerly known as a Mental Health Response Officer (MHRO) 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.
11. Officers may also utilize mobile mental health services 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 team may transport the person. See attachment for current mobile mental health resources. In addition, private mental health hospitals may arrange transportation for voluntary admissions if contacted.
12. When TCBH/CCC have reached their maximum capacity, they will locate the nearest facility and obtain a bed. If the nearest mental health facility is outside of the City of Tulsa, officers will refer to Policy 116D *Mental Health Transports Outside the City Limits*.
13. If no beds are available in the State, TCBH/CCC will go on a "divert" status. Officers shall not take subjects to a mental health facility that is on divert status. This includes giving courtesy rides to voluntary persons.
14. When the TCBH/CCC are on divert, officers will transport persons directly to a local emergency room. Officers shall contact dispatch for the hospital on rotation.
15. The following is Exclusionary Criteria as it relates to the Tulsa Police Department's response to **medical and mental health hospitals**:
  - a. Officers shall contact their supervisor if they believe the mental health person they have been called to transport from a hospital or mental health facility to another facility is not medically or mentally stable enough to allow for safe transport in a police vehicle. This would include being ambulatory.
  - b. Officers will not transport persons from one facility to another facility that are being reported as combative and/or violent as this could lead to an unavoidable use of force incident.
  - c. Officers will not accept third-party statements from emergency rooms, medical floors and psychiatric hospitals.
  - d. Officers will not transport from a hospital without a Licensed Mental Health Provider (LMHP) evaluation and a receiving facility (where they are being transported to) confirming the availability of an inpatient bed.
  - e. Officers will confirm the availability for admission by calling the receiving facility prior to taking custody of the person. For indigent persons there must be a state bed available. Officers should call TCBH to verify if a

bed is available. This is to prevent the person from having multiple evaluations and transports prior to an inpatient admission.

- f. Officers will not transport **admitted** persons from a secured mental health facility to another secured mental health facility.
- g. 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. Officers will respond under these circumstances to transport.
- h. Officers will not respond to a medical facility to transport voluntary persons.
- i. Officers will not honor requests from a private mental health facility or medical hospital for a transport out of the city limits. Officers may transport to a local bed if appropriate. All out of town requests should be triaged through TCBH/CCC.
- j. 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.
- k. Officers will not respond to requests to transport persons who were originally transported by another law enforcement agency.

## **REGULATIONS:**

1. 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.
2. Officers will complete an *Incident Report*.
3. Officers will complete an FIR when specifically called to a mental health call but the person is not taken into protective custody.
4. CIT officers will be utilized as an additional resource and will not automatically be assigned to calls involving emotionally disturbed persons.
5. Officers will remain at the facility until the person is in a secure area for an assessment. The division that originally took custody of the person will be responsible for the secondary local transport if needed. (i.e. emergency room for medical clearance or another psychiatric facility).
6. 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.
7. 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, *Emotionally Disturbed/Non-Criminal/Attachment*  
116D, *Mental Health Transports*  
43A O.S. 1-103, 5-206, 5-207, 5-208  
2032, *Specialty Vehicles*