



Tulsa Police Department

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Policy # 116C

Effective Date 12/18/2023

Policy Name Juveniles In Need of Mental Health Treatment

Approved Date 11/21/2023

Approved by *Wendell Franklin, Chief of Police*

Previous Date 03/23/2007

PURPOSE OF CHANGE:

To update changes in the law and procedures.

POLICY:

Under the authority of 43A O.S. § 5-501- 5-513 cited as the "Inpatient Mental Health and Substance Abuse Treatment of Minors Act", a child may be taken into protective custody by a police officer without a court order, and without consent of the child's parent or legal guardian if the peace officer reasonably believes a child is a minor in need of treatment. The purpose of protective custody is to obtain an emergency mental health assessment, by a licensed mental health professional (LMHP), to determine if a mental health detention is warranted. They may be taken to a mental health facility whenever there is reasonable cause to believe that as a result of a demonstrable mental illness there exists an imminent danger that the child will intentionally or unintentionally cause serious physical injury to himself/herself or another person.

SUMMARY: Procedures for taking a juvenile in need of mental health treatment into protective custody.

APPLIES TO: All sworn personnel.

DEFINITIONS:

CHILD/MINOR – any person under the age of 18 years.

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

PROCEDURES:

1. Officers will determine if a child should be taken into protective custody using the criteria for minors in need of treatment.
 - a. **MINOR IN NEED OF TREATMENT (43A O.S. § 5-502):**
 - 1) poses a substantial risk of physical harm to self in the near future as manifested by evidence of serious threats of or attempts at suicide or other significant self-inflicted bodily harm,
 - 2) poses a substantial risk of physical harm to another person or persons in the near future 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 or serious physical harm directed toward such person or persons as manifested by serious and immediate threats,
 - 4) is in a condition of severe deterioration such that, without intervention, there exists a substantial risk that severe impairment or injury to the minor will result in the near future, or

- 5) poses a substantial risk of serious physical injury to self or death in the near future as manifested by evidence that the minor is unable to provide for and is not providing for his or her basic physical needs.
- b. The mental health or substance abuse history of the minor may be used as part of the evidence to determine whether the minor is a minor in need of treatment as defined in 43A O.S. § 5-502. The mental health or substance abuse history of the minor shall not be the sole basis for this determination.
- c. The term "minor in need of treatment" shall not mean a minor afflicted with epilepsy, a developmental disability, organic brain syndrome, physical handicaps, brief periods of intoxication caused by such substances as alcohol or drugs or who is truant or sexually active unless the minor also meets the criteria for a minor in need of treatment.
2. When an officer takes a minor 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 minor 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. When the officer takes a minor into protective custody based on the observations of a Licensed Mental Health Professional (LMHP), the officer will accept the Licensed Mental Health Professional Statement and transport the minor in crisis to a designated mental health facility for further evaluation and care.
5. If a child requires any medical attention, transport (or call EMSA for transport) the patient to the nearest emergency room and remain with the child throughout the process of medical clearance.
6. If a child meets the criteria to be taken into protective custody for mental health reasons and the child has committed an offense that causes them to be charged as an adult or youthful offender, book the child as outlined in Policy 121C, Youthful Offenders.
7. If a child has committed an offense that would constitute a misdemeanor if committed by an adult or if the child has not committed any criminal offense, and the officer determines that the child needs to be placed in protective custody due to the need for immediate emergency mental health care, attempt to contact the child's parents or legal guardian who can consent to emergency mental health care. Once a parent or legal guardian is present at the facility the officer may leave the facility. Minors 16 and 17 years of age can consent to voluntary treatment without a parent or legal guardian's consent.
8. When an officer is unsure if the juvenile meets 43A O.S. § 5-502 criteria for protective custody, the officer can request an evaluation by:
 - a. Utilizing a department issued iPad for telemedicine (43A O.S. § 1-110) or,
 - b. Requesting COPES for Kids to respond to the scene or,
 - c. Requesting another mobile response team for juvenile mental health to respond to the scene.
9. If a parent or other authorized person is not located or refuses to consent, transport the child to a mental health facility for an initial assessment and remain with the child. Contact DHS' emergency response team to request a "joint response" at (918)-704-7237 or through the service dispatcher.
10. If it appears the child has also been abused, neglected, and/or abandoned or if a return to the child's home would endanger the welfare of the child or if the child is already in the custody of the Department of Human Services as a deprived child, complete an appropriate Incident Report. Contact DHS' emergency response team to request a "joint response" at (918)-704-7237 or through the service dispatcher.

11. Officers shall complete an Incident Report utilizing the heading “Child in Need of Supervision – Treatment” whenever they take a minor into protective custody.
12. If the minor attempted suicide officers shall use the heading “Attempted Suicide”.
13. Officers shall complete a Field Interview Report (FIR) when they decide not to take the minor into protective custody. The report should state why the officer was called to the scene and the factors determining their decision to leave the minor in the community. The report shall be directed to the Mental Health Unit.
14. If the child is not admitted but is booked on a criminal charge, list the appropriate offense on the Incident Report instead of “Child in Need of Supervision - Treatment” (e.g., Malicious Mischief) and follow the procedure for juvenile arrest and detention.
15. Officers will ensure the minor is in a secure area for the assessment. Officers will provide the facility with peace officer statements and/or 3rd party statements related to the incident and place a copy in records. Officers will provide the facility, parent or legal guardian, and DHS, if applicable, any related incident report numbers.
16. Officers will ensure a parent or legal guardian is present prior to leaving the facility.
17. Before transporting, officers will thoroughly search the minor and their belongings according to the existing techniques, keeping in mind the guidelines established by court decisions and departmental rules and policies.
18. When an officer determines a juvenile does not meet 43A O.S. § 5-502 criteria for protective custody but may need mental health support, they may have the parent/guardian call COPES for KIDS or refer the family to appropriate resources listed in the 116C Attachment. In these cases, the officer does not have to stay on scene.

REGULATIONS: None

REFERENCES:

- 116C Attachment, Emotionally Disturbed Juveniles – Attachment
- 121C Youthful Offenders
- 121F Emergency Placement of Children in Protective Custody
- 107 Personal Searches