

Ready to Protect,
Proud to Serve

TUCSON POLICE DEPARTMENT MENTAL HEALTH SUPPORT TEAM

GENERAL OPERATIONS PAMPHLET

Revised June 2017

Tucson Police Department
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Introduction

The Tucson Police Department Mental Health Support Team was established in January 2014, and represents a philosophical shift in law enforcement response to behavioral health incidents. After several high profile incidents throughout the country, and specifically Pima County, law enforcement agencies recognized that such incidents may be prevented through early intervention of mental health services. The MHST Unit established itself as the clearing house for mental health court orders, relieving the Field Services Bureau of the duty to serve them, so more time could be dedicated to calls for service.

This manual is designed to provide guidance and direction to the members of the Mental Health Support Team. The intent of this manual is to augment Department policies and recognize the unique function of this organizational entity. This manual is not intended to be all encompassing, and members are still responsible for knowledge of other applicable policies and procedures.

This manual establishes policy and is binding on department members. The MHST commander, or their designee, is responsible to review and update the manual annually, or as needed. A copy of the manual is available via the MHST common drive (S:\) folder.

1.0 Mission

The Mission of the Tucson Police Mental Health Support Team is to provide improved public safety and service through the utilization of mental health services. MHST strives to decrease the number of incarcerated mentally ill individuals by acting as an entry point into mental health treatment, and prevent incidents through early intervention with speedy and thorough case follow-up.

2.0 Definitions

Voluntary Admission: A person over eighteen years of age who can give informed consent to be hospitalized for mental health treatment or evaluation[1].

Application for Involuntary Evaluation: An application for a person to receive a court-ordered evaluation of a person who is alleged to have one or more of the following conditions, and is unwilling or unable to undergo voluntary treatment: 1) danger to self 2) danger to others 3) persistently and acutely disabled[2].

Mental Health Court Order: A legal process that requires a Peace Officer to apprehend and transport a person for mental health evaluation, which is signed by a Judge, and generally expires in 90 days[3].

Apprehension by Peace Officers for Emergency or Court Order Evaluation: A Peace Officer shall apprehend and transport a person to an evaluation agency[4].

Emergency Application for Evaluation: A statement by the applicant that a person is an eminent danger to self or others, and is likely to inflict harm on self or others without immediate hospitalization[5]. Also known as an "Emergency Petition."

Mental Health Court Order Revocation: A Peace Officer shall apprehend and transport a person who is non-compliant with court ordered treatment, when ordered by the court, which generally expires in 90 days[6]. Also known as an "Amendment."

Verbal Mental Health Court Order Revocation: A Peace Officer shall apprehend and transport a person who is non-compliant with court ordered treatment upon an oral request from a medical director and without the necessity of a court order or warrant[7]

Mental Health Prohibited Possessor: A person who has been found to constitute a danger to self or to others or to have a persistent or acute disability or grave disability pursuant to court order pursuant to section 36-540, and whose right to possess a firearm has not been restored pursuant to section 13-925.

[1] ARS 36-518(A)
[2] ARS 3-520 (A)
[3] ARS 36-533 (A) (1)
[4] ARS 36-525 (A)
[5] ARS 36-524 (C) (1)
[6] ARS 36-544 (A)
[7] ARS 36-544 (A)

Barricaded Subject: A person who knowingly and intentionally remains inside of a residence, vehicle, or other structure, or refuses a law enforcement request to exit such a structure, and actively resists apprehension and/or arrest, while armed with weapons or explosives, or claiming to be. Generally, barricaded subject refer to individuals who are suspected of committing violent or felony criminal offenses.

Non-Compliant Subject: A person who declines to exit their residence, vehicle, or other structure upon a law enforcement request to do so, including subjects who are unwilling or unable to do so. Generally, non-complaint subject refers to individuals who are in crisis and/or the subject of a mental health court order, and have either not committed a crime, or are suspected of committing a low level misdemeanor offense.

Person in Crisis: An individual's emotional, physical, mental, or behavioral response to an event or experience that results in trauma. A person may experience crisis during times of stress in response to real or perceived threats and/or loss of control and when normal coping mechanisms are ineffective.

Seriously Mentally Ill: A person who has a diagnosable condition including but not limited to depression, anxiety, or schizophrenia, that substantially impairs thoughts, emotions, behaviors, and actions[8].

Psychosis: A condition in which a person loses contact with reality, which may be accompanied by delusions and/or hallucinations[9].

Substance Use Disorder: Occurs when a person's use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home[10].

Agitation: Actions taken by Department personnel to elevate a subject's response to law enforcement, or to gain a tactical advantage.

Mental Health Support Team: A Tucson Police Department team consisting of a sergeant, detectives, and officers, that has as its primary responsibility the service of mental health court orders and responding to incidents involving persons in crisis[11].

[8] National Institute of Mental Health, www.nimh.nih.gov
[9] National Institute of Mental Health, www.nimh.nih.gov
[10] Substance Abuse and Mental Health Services Administration, www.samhsa.gov
[11] Mental Health Support Team Training Manual, 2015

Crisis Response Center: A medical facility located at 2802 E. District which offers free mental health evaluation and services to residents of Pima County. Subjects may be take there on either a voluntary or involuntary basis, as described in Arizona Revised Statutes Title 36.

Community Bridges: A medical facility located at 250 S. Toole which specializes in substance abuse treatment. All patients must be voluntary for admission to this facility. Community Bridges oversees the Crisis Mobile Team and the Title 36 team in Pima County

Crisis Mobile Team: Mental Health Clinicians who have as a primary responsibility assisting law enforcement with persons in crisis

Regional Behavioral Health Authority: The state-funded entity responsible for the delivery of mental health services in Pima County. The current RBHA is Cenpatico Integrated Care

Arizona Revised Statutes Title 36: The section of state law which directs the administration of voluntary and involuntary mental health services

3.0 Structure

The MHST Unit is comprised of commissioned departmental personnel including officers and detectives. MHST personnel serve on an on call basis in addition to their regular duty assignments.

3.1 Selection Process

Selection of officer level members is made after submission of a memorandum describing expertise for the position. The selection process may or may not include an oral board at the discretion of the unit commander. Police Personnel Section will coordinate selection. The MHST LPO will be selected in the same manner as Field Services personnel.

4.0 Training

All MHST shall be CIT Certified, or become CIT Certified upon assignment to the unit. All MHST shall complete Mental Health First Aid Certification, and become an instructor

in the course, depending on the availability of the course and the department's ability to fund the training.

MHFA Certification is available through the National Council for Behavioral Health, and classes appear periodically through Cenpatico. The MHST sergeant will coordinate class schedules, and certifications.

Additional training may be required at the discretion of the MHST commander.

5.0 Mental Health Court Orders – General Procedures

The MHST Unit serves all community mental health court orders within the Tucson city cimits. The purpose is to provide a central clearing house for the mental health court orders, and provide a dedicated unit to increase the service rate. The MHST Unit strives for a 100% service rate.

5.1 Types

There are two types of mental health court orders: The Order for Evaluation and Order of Amendment (formerly referred to as a "Revocation" or "Suspension"). These are Pima County Superior Court Orders to law enforcement to transport an individual for an involuntary mental health evaluation.

Order for Evaluation and Transport

> The Order for Evaluation and Transport is based on a new petition. It expires in 14 business days. These subjects are not court ordered to a treatment plan, and may not be receiving any mental health services.

Order of Amendment and Transport

> The Order of Amendment and Transport is a court ordered suspension/revocation of court ordered treatment. Subjects have already been ordered to a treatment plan through the Superior Court, but have failed to comply with the plan (e.g. failed to take medications, disappeared, refused to attend appointments etc.). These orders are valid for 90 days.

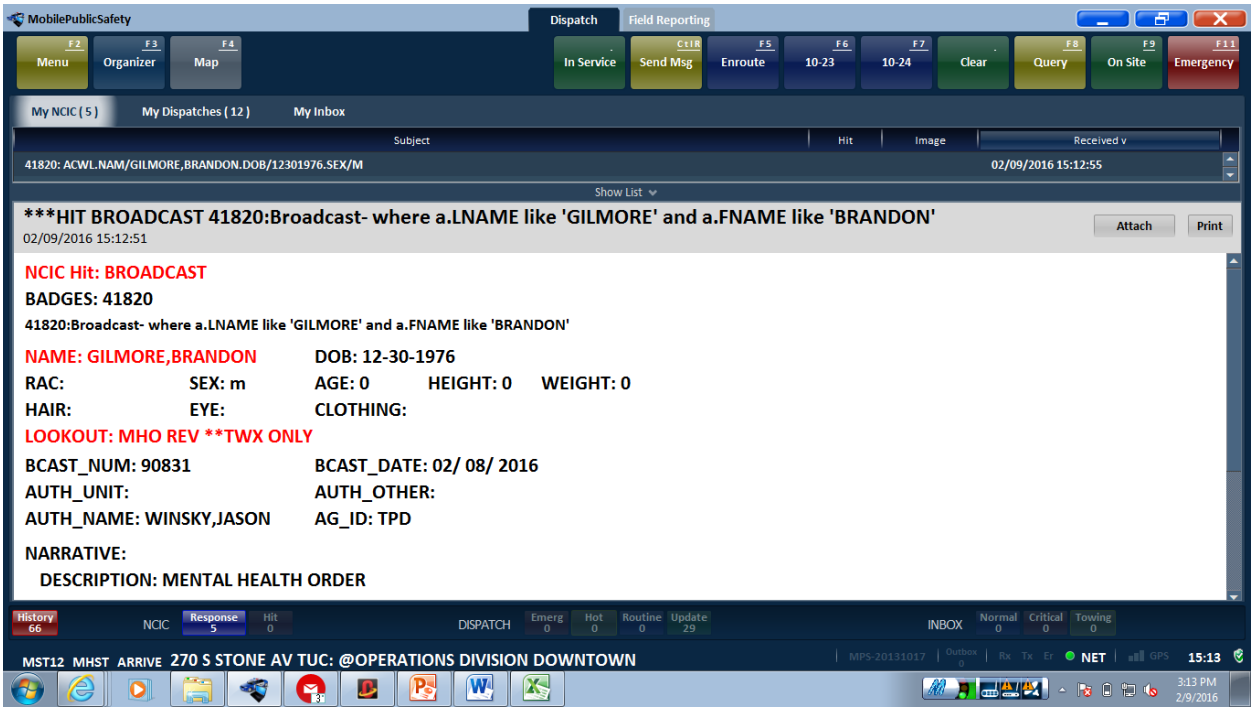
5.2 Processing Mental Health Court Orders

Mental Health Court Orders are obtained from the Pima County Clerk's Office (2225 E Ajo Way, Tucson, AZ 85713). These orders are emailed to the MHST Groupwise (TPDMHST@Tucsonaz.gov) daily. Access to the email is through the Pima County Superior Court secure server. MHST officers are to check the MHST Groupwise daily. Should this server go down, or become inoperable, MHST officers shall physically pick up the orders from the clerk's office and sign for them.

MHST officers are to generate a case number, and complete a case report indicating the MHST Unit received the order. Conduct record checks (PIN4) to determine if the individual is in jail and that TWX and correctly entered the subject into the system (see below). Enter the subject into the Excel spreadsheet in the MHST common drive folder.

Once an individual is located and taken into custody, contact TWX in Records either via radio, or by phone (791-4645), and have it confirmed. Once confirmed, obtain the confirming operators payroll number. Complete a supplement to the original case obtained when the court order was picked up from the Clerk's office.

Once an order is served, complete the Service Form and turn it in to the MHST LPO. The MHST LPO will fax a copy to the PCAO, and turn in the original to the Pima County Clerk's Office with an additional copy. The Clerk's office will send the additional copy to Cenpatico, so they are also aware of the service. Cenpatico will then notify the client's mental health agency (if there is one).



6.0 Investigations

In addition to processing mental health court orders, the Mental Health Support Team (MHST), will be an investigative resource for incidents involving a mental health nexus.

The following cases should be considered for referral to MHST:

- threats where the suspect has a clearly identified mental illness and is an imminent danger to others (access/availability to weapons should be considered),
- incidents in which a subject has a clearly identified mental illness and is escalating from previously normal behavior (i.e. stopped taking medication and is now behaving in a threatening manner),
- incidents involving a cruel or unusual abuse of an animal (felony level), or a pattern of abuse to animals,
- investigating missing adults with a mental health nexus, to include alzheimer's and dementia. All other missing adults should be referred to the Home Invasion Unit,
- "frequent consumers" (those who call 911 repetitively for mental health issues),

- incidents where Field Personnel have difficulty interacting with staff or obtaining a petition from the CRC, Community Bridges, MAC Team, etc., and
- mental Health Prohibited Possessors, which now appear as an ACIC hit on wants/warrants check.

Cases meeting the above criteria should be linked to the MHST Sergeant. The Mental Health Support Team will generally work seven days a week during daytime hours. During those days/hours, the Team will be available to assist with petitions to be done in the field and transports to the CRC.

Field personnel should also consult the MHST folder on the common drive (S:) drive. This folder has important information including a list of fliers and mental health court orders processed by MHST.

6.1 Missing Persons

The Mental Health Support Team will be the primary Unit responsible for investigating missing adults with a mental health nexus, to include Alzheimer's and Dementia.

Missing Person Matrix

The following criteria should be followed when considering responses to Missing Persons:

Subjects who voluntarily leave their residence (i.e. group home walk away) should be an ATL ONLY. Subjects who are missing and, over time, may pose a danger to themselves or others should be entered into TWX. Subjects who are missing and are a significant immediate danger to themselves or others should be entered into TWX and a Media Release considered. Subject who are missing and pose an immediate risk of serious injury or death should be entered into TWX, a media release done, and MHST/RRT callout considered.

Cases meeting the above criteria should be linked to the MHST sergeant. The Mental Health Support Team will generally work seven days a week, during daytime hours. During those days/hours, the Team will be available to assist with petitions to be done in the field and transports to the CRC.

The MHST can also be a resource for barricaded subjects who suffer from a mental illness. If Patrol or Investigative personnel encounter such a barricaded subject, please

call the MHST supervisor to determine availability of MHST personnel to respond to the scene. Field personnel should also consult the MHST folder on the common drive (S:) drive. This folder has important information including a complied list of fliers and mental health court orders processed by MHST.

6.2 Incarceration and Treatment Decisions

It is the policy of the department to direct, or in some cases re-direct, persons in crisis into treatment whenever possible. When weighing the choice between Incarceration or treatment (such as the Crisis Response Center) for a subject, department members shall consider the applicable Arizona Revised Statutes, public safety, and the subject's history.

If probable cause exists to arrest a subject for a felony or domestic violence related offense, the subject shall be taken to a detention facility. Deviation from this policy requires approval from a department member at the rank of lieutenant or above. In cases where a subject is being transported to a detention facility and there appears to be a mental health nexus related to the offense, department members may complete an emergency application for evaluation to accompany the arrest paperwork. The MHST may be contacted as a resource in this decision-making process.

If probable cause exists to arrest a subject for a misdemeanor offense department members may, in limited circumstance, consider treatment over incarceration at a detention facility. Examples of these offenses include trespassing, disorderly conduct, or drinking in public. Department members should consider the subject's current presentation, their criminal history, and consult the victim or prosecuting entity in this decision-making process. If a treatment option is chosen, Department members may consider a "cite and release" of a subject, or forwarding the case to the relevant investigative unit for the consideration of criminal charges. The Mental Health Support Team may be contacted as a resource in this decision-making process.

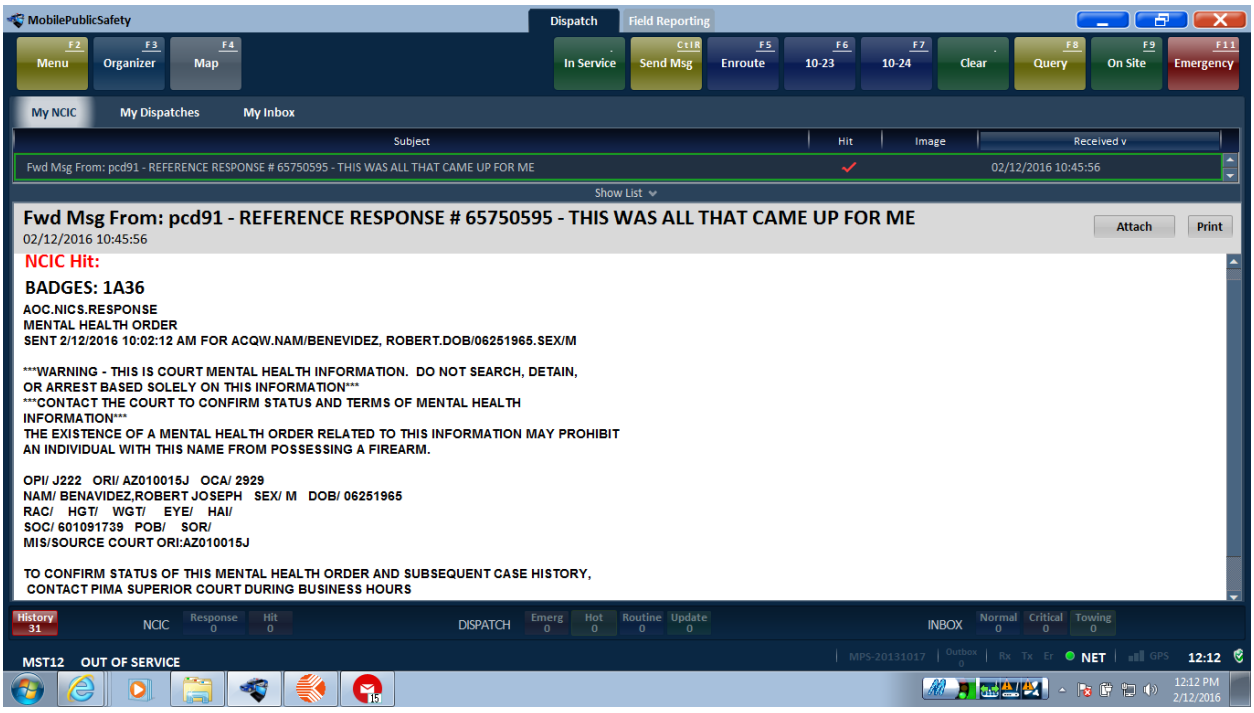
6.3 Mental Health Prohibited Possessors

A subject may become a prohibited possessor if they have been found to constitute a danger to self or to others or to have a persistent or acute disability or grave disability pursuant to court order pursuant to section 36-540, and whose right to possess a firearm has not been restored pursuant to section 13-925. Department personnel may learn this information through a standard wants/warrants check.

Department members encountering such subjects shall conduct a standard prohibited possessor investigation to include questioning the suspect (post-Miranda advisory), conducting a record check of the serial number of the firearm, and photographing it. Department members shall seize all firearms and ammunition reasonably believed to be possessed by a prohibited person. These items shall be entered into Property as Evidence.

The MHST is the detail responsible for these investigations. The MHST Supervisor or detectives should be contacted and advised of the case. In most instances, the MHST will be responsible for confirming the validity of the prohibited possessor return and issuing charges against the subject.

Mental health prohibited possessors will have an ACIC/NCIC return that will display as follows:



7.0 Field Procedures and Duties

7.1 MHST Field Officer Duties

MHST Field officer duties include, but are not limited to, processing and serving court orders, completing emergency petitions, assisting patrol by taking dispatch calls with a

mental health nexus, transporting individuals to mental health facilities, assisting patrol with mental health related cases, and conducting follow-up (see below).

7.2 MHST LPO Duties

MHST Lead Police officers shall direct their effort toward the accomplishment of Unit, Division, Bureau, and Department goals, shall be an information resource to other officers, assist unit members in establishing activity goals, assist with administrative paperwork, provide training to squad members and assume temporary supervisory duties in the absence of the squad sergeant or perform supervisory duties as directed by a supervisor or commander. MHST LPO Duties are disseminated by the MHST sergeant, and include, but are not limited to:

- monitoring MHST Public email Inbox (MHSTTPD@TucsonAz.gov)
  - forward emails of concern, or that may require follow-up, to MHST sergeant for review,
- review of MHST officer Reports,
- monitoring/Maintaining/Updating the TPD MHST Website and associated link.
  - https://www.tucsonaz.gov/police/mental-health-support-team-mhst,
- conducting follow-up investigations as assigned by MHST sergeant,
- monitoring and assign follow-up from ILeads Inbox (MPS Inbox),
- maintaining an up to date MHST Field Training Program, lessons, records, and documents,
- scheduling and coordinating MHST quarterly training
  - Maintaining a current list of instructors, contact information, and classes,
- maintaining Statistics Spreadsheet (Common Drive),
- maintaining Mental Health Paperwork Supplies (Officers Office File Cabinet),
- updating, and maintaining MHST Standard Operating Procedures Manual,
- maintaining and updating commonly used forms, and folders in Commondrive,
- maintaining Mental Health Paperwork Supplies in FSB Teams, and
- maintaining MHST Educational Materials/Display Items

7.4 Follow-up Investigation Requests

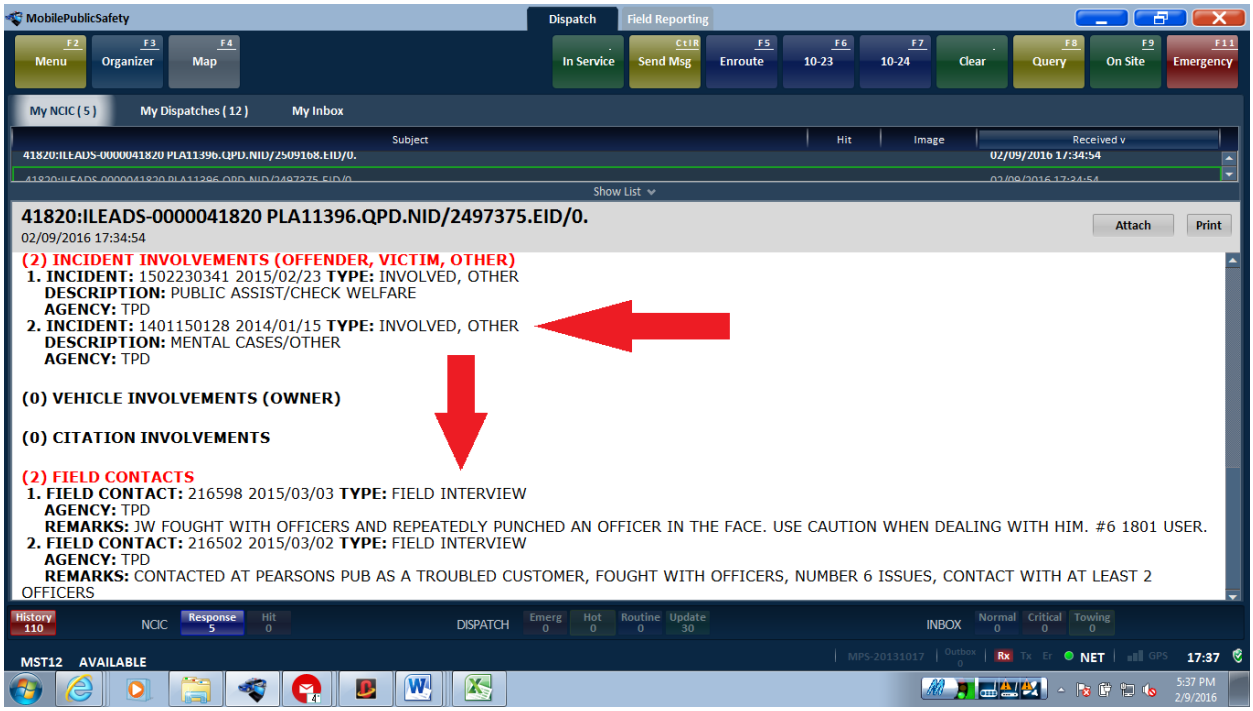
Many times, the MHST Unit receives a follow-up request similar to a check welfare on an individual exhibiting unusual or dangerous behavior who may require mental health services. These request come from various sources such as the general public, elected officials, other TPD divisions, officers, and more. Often, officers will forward a follow-up

requests directly to the MHST officers. However, all follow-up requests shall be screened by the MHST Sergeant. MHST officers are assigned follow-up requests by their sergeant, or LPO at the discretion of the sergeant. MHST detectives handle investigations larger in scope, but also require more time. These investigations are only assigned by the MHST sergeant.

These follow-up requests can conclude in many ways. Each of which result in what is best for the client, and typically involves entering into, or verifying, they are receiving mental health treatment.

Basic Methodology for Conducting Follow-up

First, run a basic record check. Search for prior indicators of a mental health history, such as transports to a hospital, 4101 or 4102 cases, and Field Interview computer entries made by officers. Many times officers have already discovered which agency an individual is enrolled with and will document it in an "FI." Important officer safety information may also be documented. See Below:



If the subject is enrolled, the case manager and service provider should be contacted. Many times they are unaware of police contact the subject has had, and even arrests. The follow-up may conclude if the subject is enrolled, and their case manager is made

aware, and acts on it (such as calling in the subject for a mental health evaluation, suspending their court ordered treatment, etc.).

If the subject is not enrolled, or enrolled, but failing to adhere to a treatment plan, a petition may be appropriate.

Document all follow-up either in a new case report or through a supplement to an incident previously documented.

8.0 Appearance Standards

The TPD MHST Unit utilizes a modified plain clothes model that enables members to project a calming presence when addressing mentally unstable individuals.

Officers engaging in duty related functions in plain clothes shall dress in a manner that is appropriate for a business professional and does not detract from the officer's professional appearance or effectiveness.

Officers assigned to the unit shall wear short sleeve black or navy blue “Polo” style TPD shirts, slacks, or “Docker” style pants. The TPD Polos shall be embroidered in gold/yellow thread on black shirts, and white thread on blue shirts, and shall read the officers name on the right breast, and “Tucson Police,” on the left breast.

Detective clothing standards remain unchanged. Refer to General Orders and the Dress and Personal Appearance Manual for more information.

Each employee will be issued a blue “Tucson Police Department” lanyard for displaying the official identification card while on duty. Lanyards shall be worn while on duty. This is the only lanyard type and style authorized for use.

All members will be issued a tactical vest marked “Police”. These vests will be worn at scenes of police incidents by members in plainclothes as appropriate, as ordered, or as specified in the *Dress and Personal Appearance Manual*. Ballistic panels shall be inserted in these vests.

9.0 Scope and Utilization

The following circumstances should be considered for referral to MHST:

- threats where the suspect has a clearly identified mental illness and is an imminent danger to others (access/availability to weapons should be considered),

- threats where the suspect has a clearly identified mental illness and the person being threatened is a high profile figure (i.e. elected officials),
- incidents in which a subject has a clearly identified mental illness and is escalating from previously normal behavior (i.e. stopped taking medication and is now behaving in a threatening manner),
- incidents involving a particularly cruel or unusual abuse of an animal (felony level), or a pattern of abuse to animals,
- missing adults with a mental health nexus, to include Alzheimer's and Dementia. All other missing adults should be referred to the Home Invasion Unit,
- frequent Consumers (those who call 911 repetitively for mental health issues) may be referred to the MHST Unit for long term solutions/support,
- incidents where Field Personnel have difficulty interacting with staff or obtaining a petition from the CRC, Pasadera, Cenpatico, the MAC Team/Nursewise, etc.,
- mental Health Prohibited Possessors, which now appear as an ACIC hit on wants/warrants check, should be referred to MHST,
- mental health court orders service and tracking, and
- Instruction in mental health to the general public and the department,

10.0 MHST Co-responder Model

10.1 Co-Responder Mission

TPD MHST and Crisis Mobile Team members that form the cooperative co-responder model work together to assist field officers with mentally ill persons or persons in crisis. This cooperation combines the expertise of clinicians with law enforcement personnel to provide referrals, intervention and/or placement in mental health facilities for individuals needing acute mental health intervention, rapid response to individuals in crisis, or mitigation of mental health symptoms in an effort to reduce incarceration of the mentally ill. This model will decrease uniformed patrol time on scenes, decrease the possibility of victimization of the mentally ill, and increase overall public safety through timely and thorough intervention, while fostering a positive cooperative spirit between law enforcement and the mental health field.

10.2 MHST Co-responder Model Goals

The MHST co-responder model has the following goals:

- assist field police officers whenever they come into contact with persons in crisis,

- provide intervention, referral, or placement for a person with a mental illness allowing field officers to quickly return to other duties,
- prevent unnecessary incarceration and/or hospitalization of persons in crisis,
- provide quick access to critical mental health diagnosis and treatment information through CMT information portals,
- assist with access to medical records at critical incidents,
- reduce wait times for Crisis Teams dispatched from remote locations, and
- Take selected calls for service from the queue to minimize uniformed patrol response,

10.3 Co-responder Structure

The MHST co-responder model consists of clinicians selected through a cooperative screening process by the MHST Sergeant, and the Senior Manager of Community Bridges Crisis Mobile Teams. The number of clinicians accepted into the Co-responder program is decided by the MHST Sergeant. Co-responders are not subject to call out by TPD personnel.

The co-responders shall be deployed for 7 day coverage.

10.4 Co-responder Selection Process

Selection of co-responder crisis mobile team members is made after a submission of qualifications and expertise via memorandum to the Community Bridges Senior Manager of Crisis Mobile Teams.

Once the Senior Manager of Crisis Mobile Teams compiles a list of qualified candidates, they shall submit the list of names to the MHST sergeant. Candidates must then complete a vendor background check form through TPD Human Resources, and complete a TPD authorized fingerprint card.

- Public Fingerprinting is done at the Midtown Police Substation, 1100 South Alvernon Way, Tucson, AZ 85711, on Wednesdays only, from 8 a.m. to 3 p.m. Candidates must supply a blank fingerprint card. There is a $10.00 per card fee. This cost is assumed by CBI. Fingerprint Information Line: (520) 791-4697

The selection process may or may not include an oral board at the discretion of the MHST sergeant and/or MHST commander.

All clinicians riding with MHST officers shall sign TPD Form 2065, the Ride Along Waiver Form. This form has been modified from the original version to cover the duration of the co-responder program.

10.5 Co-responder Training

All MHST officers and co-responders shall be given a training manual for civilians to expose them to police work and the culture of policing. Co-responders shall also attend a "day away" at the Public Safety Academy to receive exposure to, and training in various aspects of police work which will include:

- officer safety
- radio codes/procedures
- cover vs. concealment
- HIPAA compliance
- firearms exposure
- driving exposure
- police culture, and
- Ethics and professionalism

Additional training may be required at the discretion of the MHST or other department personnel. Co-responder training is intended to facilitate exposure to law enforcement situations only, and does not certify or authorize the co-responder to act with law enforcement authority.

An example of the 2017 Co-responder Academy Training Day is below.

TUCSON POLICE DEPARTMENT MENTAL HEALTH SUPPORT TEAM CO-RESPONDER PROGRAM SCHEDULE JULY 7TH 2017

0700 - 1100	**Law Enforcement Driving Exposure** Ofc. Al Olivares EVOC Coordinator Location: Academy Track Classroom
1100 – 1300	**Shooting & Cover Demo** Ofc. Rico Acevedo POST Firearms Instructor Location: Firearms Range Classroom
1300 - 1330	**Lunch** **Classroom 205 Main Building**
1330 - 1430	**Communications & Radio Procedures** Communications Supervisor Vanessa Guest
1430 - 1530	**Cop Culture Competency** TPD Sgt. (Ret.) Jim Kirk National Trainer, Mental Health First Aid National Council for Behavioral Health
1530 - 1630	**Polly Knape MS, LAC** Supervisor, First Responder Services Cenpatico
1630	**MHST Overview, Officer Safety** TPD MHST Officers

10.6 Co-responder Appearance Standards

TPD MHST utilizes a modified plain clothes model that enables members to project a calming presence when addressing persons in crisis. These standards have been established to ensure that all members of the department present a clean, well-groomed, professional image to the public; to ensure easy recognition of officers in the field; and to ensure that equipment, clothing, and appearance will not be detrimental to officer safety, or job performance.

Since the co-responder model is field work, clothing and grooming standards shall adhere to the Tucson Police Dress and Appearance Manual guidelines for civilian personnel, and CBI employee grooming and attire guidelines. Co-responders will be provided with a copy of the Appearance Manual prior to the start of their employment. If there are any questions or conflicts between these policies, co-responders shall consult with their supervisor, who will then bring those concerns to the MHST Supervisor for a final decision.

10.7 Scope and Utilization of Co-responders

The *Scope and Utilization* section of the MHST SOP Manual details MHST officer Duties. MHST duties that a co-responder may assist will include, but are not limited to, processing and serving court orders, completing emergency petitions, assisting patrol by taking dispatch calls with a mental health nexus, transporting individuals to mental health facilities, assisting patrol with mental health related cases, and conducting follow-up.

The primary responsibility of the co-responder is to respond to calls for service involving persons in crisis in an efficient manner, and expediting treatment services to those individuals. The co-responder will have access to medical records which would otherwise be time consuming to obtain by law enforcement, and will be able to share such information with department members in compliance with HIPPA regulations. The co-responder will also be able to provide immediate clinical evaluations of an individual as a danger to themselves or others, and be able to offer treatment options to the officer they are partnered with.

10.8 Calls for Service

The goal of the co-responder program is to increase the efficiency and quality of law enforcement and clinical services to persons in crisis. Rather than sending a law enforcement officer to a scene, who then calls for a Crisis Mobile Team, these co-

responders will dispatch at the same time (and in the same vehicle) to resolve the crisis as efficiently and as compassionately as possible. This expedites the subject's treatment, mitigating the need for unnecessary detention or hospitalization.

Calls that are appropriate for co-responder primary dispatch:

- check Welfare requests (For example: "My neighbor seems depressed lately."),
- unwanted Subject Calls (For example: "An unwanted male in the Circle K parking lot."),
- suicidal subjects who:
    - are home alone
    - do not have a clear plan, and
    - Do not have access to weapons

Calls that are not appropriate for co-responder primary dispatch:

- armed suicidal subjects,
- domestic violence related incidents,
- obvious probable cause for serious criminal offenses in addition to mental health circumstances,
- in progress incidents such as an active shooter, and
- subjects with a violent history

The co-responder shall not act as a back-up officer.

10.9 Emergency Situations

While the safety of the co-responder civilian clinician is paramount, the co-responder may be called to an emergency situation to provide medical records. Response to these scenes is at the discretion of the MHST Sergeant who shall be consulted before responding. If a dangerous situation occurs, the co-responder and their partner officer shall make every effort to exit the situation and retreat to a safe place. Safety tools and techniques will be a primary focus of the co-responder day away training.

Barricaded Suspect/Hostage Situations

The function of co-responders regarding barricaded subjects/hostage situations is to act as a resource to field if requested by the MHST sergeant.

MHST officers and co-responders will act in a support function, and will not take operational control of a scene from a field supervisor unless directed by the MHST sergeant.

The success of the co-responder program relies heavily on collaboration between the clinician and their officer partner, and that treatment/incarceration decisions are made as a team. Ultimately, the officer has the authority to determine the following:

- which calls for service the team will respond to,
- the safety of each scene for the co-responder. Should the officer direct the co-responder to leave or retreat from a scene, they shall do so, and
- The ultimate disposition of a given investigation (i.e. treatment versus incarceration)

11.0 Petition/Application Procedures

11.1 Uses of Petitions/Applications

There are currently two types of Petitions utilized in Pima County; The Application for Involuntary Evaluation, and the Application for Emergency Admission for Evaluation (this is the most common petition department members personally file by virtue of being first responders).

An Application for Involuntary Evaluation is known as a “Prepetition”, or more informally categorized as a “Petition.” It is Title 36 legal to help a person who needs treatment for a behavioral health condition but is unwilling to obtain it voluntarily. The law recognizes that court-ordered treatment may be needed for a person whose mental illness leads the person to be disabled and/or at risk of being a danger to themselves or others. The application for involuntary evaluation (prepetition) process legally permits a person to request a mental health assessment for another individual who appears dangerous or disabled due to mental illness, but not in an emergency situation.

Any responsible individual may apply for a court ordered evaluation. This is the primary means the MHST Unit uses to get someone into the mental health system. Department personnel are reminded that ARS Title 36 prohibits the petitioning of juveniles.

Criteria

For a prepetition to continue, Arizona laws (A.R.S. Title 36, Chapter 5) state that a person must:

- have a mental disorder,;
- be at risk of danger to self or others, grave disability, or PAD status as a result of the disorder,
- require supervision or treatment, and
- be unwilling or unable to participate in voluntary treatment services.

After an evaluating agency (CBI as of 2016) receives a prepetition request, clinicians meet with the person for an evaluation within two working days. The Cenpatico Medical Director decides if the case should go to the Pima County Attorney's Office.

The County Attorney's Office decides if the prepetition meets legal requirements. If so, the Superior Court issues an order for law enforcement to transport the person to a hospital within 14 days for an involuntary evaluation.

See example below:

1602240258
Ofc. Sial 41822

COPY
FEB 23 2016
TONI L. HELLON
CLERK, SUPERIOR COURT

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF PIMA

In the Matter of:

Frank Williams
5/22/1989

Re: Mental Health Services

MH- 20160145

ORDER FOR EVALUATION
(Pursuant to A.R.S §36-529 B)
☑ **Inpatient**
☐ **Outpatient**

A Petition for Evaluation of the above person having been presented, the Court finds there is a reasonable cause to believe such person is, by reason of mental disorder, in need of immediate or continued psychiatric hospitalization, and requires immediate or continued hospitalization prior to the hearing on court-ordered treatment for the following condition(s):

☐ a danger to self
☐ a danger to others
☐ gravely disabled
☑ persistently or acutely disabled

The above person ☐ is, ☑ is not, in custody of the evaluation agency.

IT IS ORDERED

1. The proposed patient be evaluated by **Banner University Medical Center-South**, which is located at **2800 EAST AJO WAY, TUCSON, AZ 85713**, or the nearest evaluating hospital, which includes Palo Verde Hospital at 2695 N Craycroft Rd Tucson, AZ 85712, and Sonora Behavioral Health at 6050 North Corona Road Tucson, Arizona 85704 and ☒ retained in custody, or taken into custody by a peace officer and transported to the evaluating agency, or ☐ be evaluated on an out-patient basis and shall cooperate with such evaluation. In the event the patient is to be released from custody of Pima County jail prior to completion of the evaluation process, the patient shall be transported to Banner University Medical Center- South or the nearest available inpatient facility (as directed by hospital staff) for evaluation on an inpatient basis.

2. Mental Health Defender 520-724-2890 is appointed attorney for the proposed patient and ordered to inform the proposed patient of the rights set forth in A.R.S. §36-529(D).

3. If a Petition for Court-Ordered Treatment is filed and alleges grounds other than those set forth in this Order, the Petition for Court-Ordered Treatment shall control, unless the patient objects and shows undue prejudice or hardship as a result of the change.

Page 1 of 2

Jailed individuals may be evaluated at Pima County Adult Detention Center rather than sent to a hospital setting.

Two psychiatrists complete evaluations within 3 days and decide if there should be a hearing for court-ordered treatment.

Ending the Process

The prepetition and evaluation process may be stopped by:

- the Applicant withdrawing the Application before it reaches the County Attorney's Office,
- the Cenpatico Medical Director deciding that the prepetition process should not proceed,
- the Hospital or County Attorney's Office ending the process,
- the Court deciding that legal requirements are not met, or
- The Court deciding that court-ordered treatment is necessary.

11.1.1 Emergency Petitions

If an individual is threatening harm or acting in a way that might cause danger to him/herself or others then an Application for Emergency Admission for Evaluation, also known as an emergency petition, is appropriate.

11.2 Court-Ordered Treatment (COT)

In the COT hearing, the judge determines whether or not the person must participate in court-ordered treatment. If the person is ordered to treatment, they are assigned to a mental health agency. The treatment plan drawn up by the agency is approved by the judge, and goes into effect immediately.

COT does not exceed one year. At the conclusion of one year, the agency, or another entity must re-submit a new Application for Evaluation.

The person court ordered to treatment may petition the court for a review to end treatment early.

Individuals court-ordered to treatment become prohibited possessors, meaning they cannot legally own or possess a firearm per ARS 13-3101. They remain a prohibited

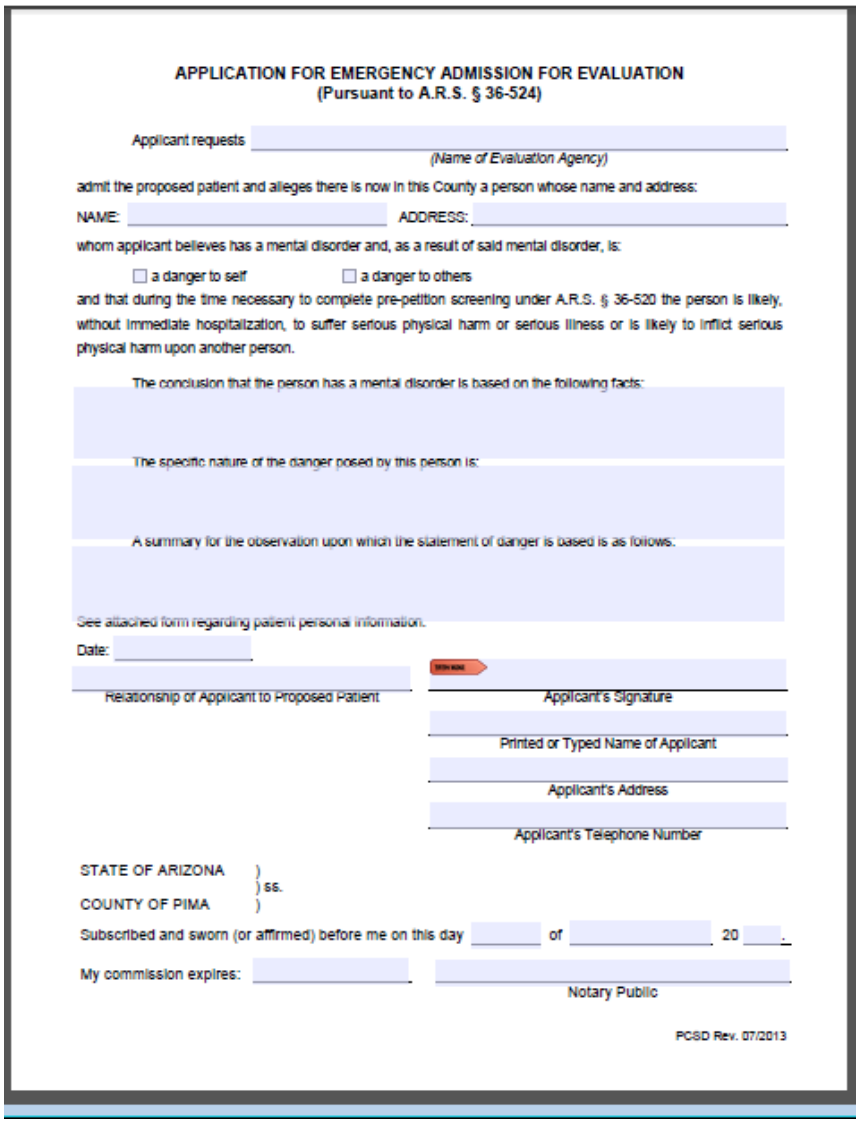
possessor even if released from court ordered treatment until they petition the court for the restoration of their right to own a firearm per ARS 13-925.

11.3 Completing a Petition

The following represents a basic guide to completing mental health petitions. As noted above, the two types of Applications for Involuntary Evaluation are Emergency, and Non-Emergency. Both applications consist of three pages. Page 2 and 3 of both petitions are identical. Page 1 requires slightly different information for petition.

Application for Emergency Admission for Evaluation:

Page 1



APPLICATION FOR EMERGENCY ADMISSION FOR EVALUATION
(Pursuant to A.R.S. § 36-524)

Applicant requests _____
(Name of Evaluation Agency)

admit the proposed patient and alleges there is now in this County a person whose name and address:

NAME: _____ ADDRESS: _____

whom applicant believes has a mental disorder and, as a result of said mental disorder, is:

☐ a danger to self ☐ a danger to others

and that during the time necessary to complete pre-petition screening under A.R.S. § 36-520 the person is likely, without immediate hospitalization, to suffer serious physical harm or serious illness or is likely to inflict serious physical harm upon another person.

The conclusion that the person has a mental disorder is based on the following facts:

The specific nature of the danger posed by this person is:

A summary for the observation upon which the statement of danger is based is as follows:

See attached form regarding patient personal information.

Date: _____

_____ Relationship of Applicant to Proposed Patient

_____ Applicant's Signature

_____ Printed or Typed Name of Applicant

_____ Applicant's Address

_____ Applicant's Telephone Number

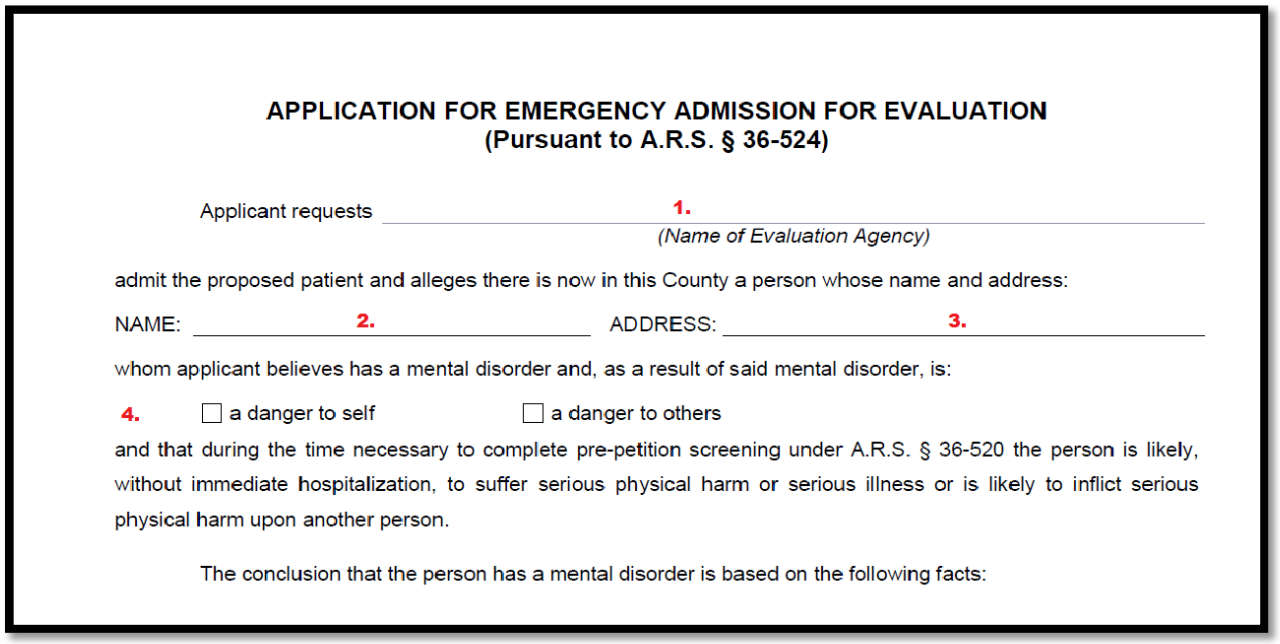
STATE OF ARIZONA)
) ss.
COUNTY OF PIMA)

Subscribed and sworn (or affirmed) before me on this day _____ of _____ 20 ____.

My commission expires: _____ _____ Notary Public

PCSD Rev. 07/2013

Write the case number in the blank space at the top of the petition above the "Application for Emergency Admission For Evaluation," line.



APPLICATION FOR EMERGENCY ADMISSION FOR EVALUATION
(Pursuant to A.R.S. § 36-524)

Applicant requests 1. *(Name of Evaluation Agency)*

admit the proposed patient and alleges there is now in this County a person whose name and address:

NAME: 2. ADDRESS: 3.

whom applicant believes has a mental disorder and, as a result of said mental disorder, is:

4. ☐ a danger to self ☐ a danger to others

and that during the time necessary to complete pre-petition screening under A.R.S. § 36-520 the person is likely, without immediate hospitalization, to suffer serious physical harm or serious illness or is likely to inflict serious physical harm upon another person.

The conclusion that the person has a mental disorder is based on the following facts:

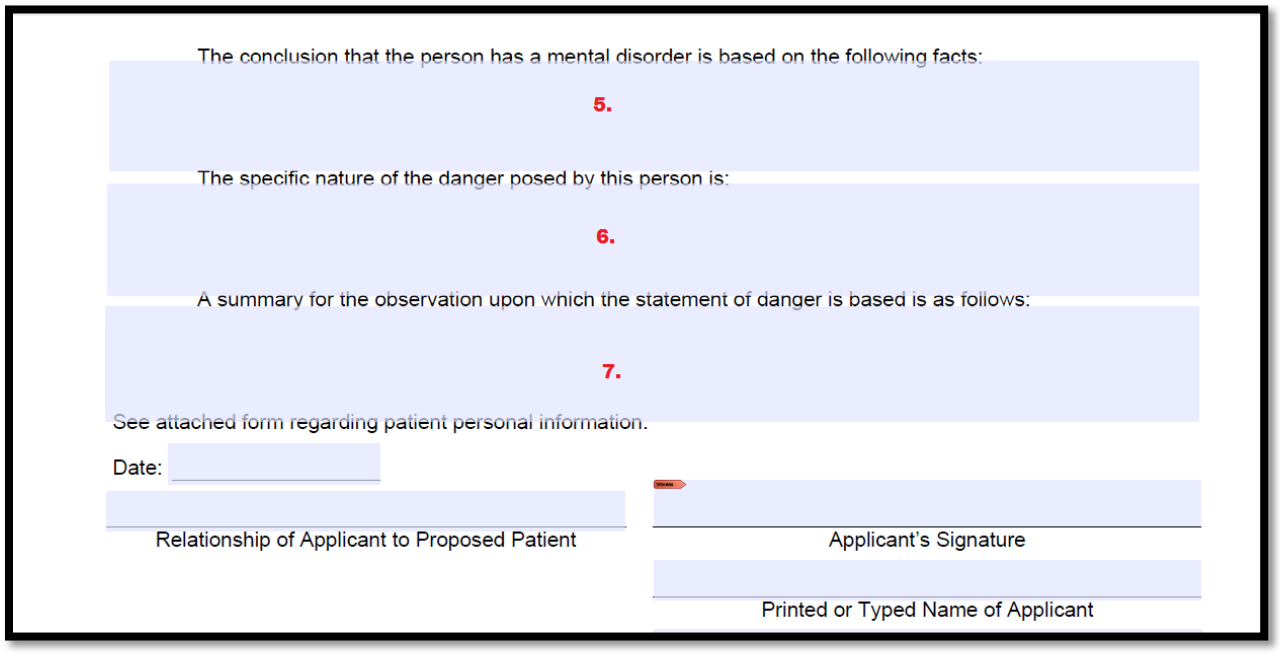
1. Leave this line blank.

2. Name: Most current correct name. This will end up becoming the name used for future court proceedings.

3. Address: Most current address, where the subject can CURRENTLY be found. This can also be “General Delivery” or “Homeless.”

4. Check one, or both “danger to self,” or “danger to others” boxes based on the definition below them. A guideline when deciding to use an emergency petition versus a PAD petition is whether the subject is likely to harm themselves or others without prompt intervention.

- danger to self: Most likely to harm themselves either directly (ex: cutting), committing suicide, or indirectly (ex: likely to overdose, enjoys setting fires), or
- Danger to others: Likely to harm others. Can be intentional or recklessly (ex: an assault of a specific person, vs. flailing wildly, throwing items when experiencing a manic episode, wishing to harm or kill someone).


The conclusion that the person has a mental disorder is based on the following facts:

5.

The specific nature of the danger posed by this person is:

6.

A summary for the observation upon which the statement of danger is based is as follows:

7.

See attached form regarding patient personal information.

Date:

Relationship of Applicant to Proposed Patient

Applicant's Signature

Printed or Typed Name of Applicant

5. The conclusion that the person has a mental disorder is based on the following facts:

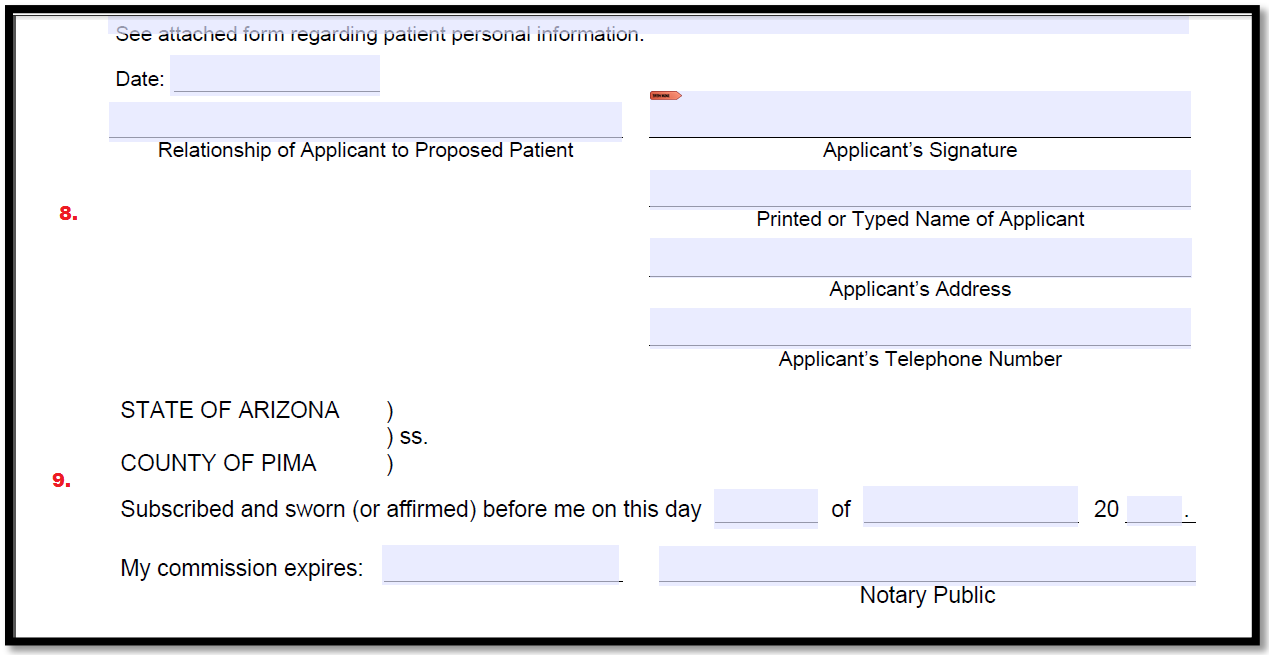
In this section, document known mental health enrollment, or admissions. For example, if the persons says "I am bi-polar," or they admit to taking medication you know is meant to treat mental illnesses. Example: "Mr. Jackson is enrolled with La Frontera, and is diagnosed with bi-polar disorder." If you do not know this, simply document what you see. Example: Loud manic speech, appears delusional. Give direct examples: "Jackson believes he is God, and can speak to animals."

6. The specific nature of the danger posed by this person is:

Here you document how they are a danger to themselves or others. Example: "Jackson states he is suicidal, and is going to kill himself. He states he recently lost his job, and has nothing to live for. He owns firearms, and has a plan to shoot himself." Or, danger to others: "Mr. Thompson states he sees terrorists everywhere, and is planning on killing anyone who he believes looks like a terrorist."

7. A summary for the observation upon which the statement of danger is based on is as follows:

If someone is disoriented, and does not know where they are, who they are, the date, etc. They may meet emergent criteria due to inability to make reasonable decisions placing themselves at risk. Consult with Nursewise, or speak to a doctor directly through the Crisis Line 844-869-1574. The doctor will approve or deny the Emergency Petition.


See attached form regarding patient personal information.

Date:

Relationship of Applicant to Proposed Patient

Applicant's Signature

8.

Printed or Typed Name of Applicant

Applicant's Address

Applicant's Telephone Number

STATE OF ARIZONA)
) ss.
COUNTY OF PIMA)

9.

Subscribed and sworn (or affirmed) before me on this day of 20 .

My commission expires:

Notary Public

8. Date: Current date.

Relationship of applicant or proposed patient: "TPD," or "Law Enforcement," or familial relationship such as "Father," etc. Use "Professional," if co-worker.

Applicant's Signature: Your Signature, or Signature of Applicant.

Printed or Typed Name of Applicant: Printed Name.

Applicant's Address: Applicants home or work address. If completed by TPD, use substation address, or 270 S. Stone.

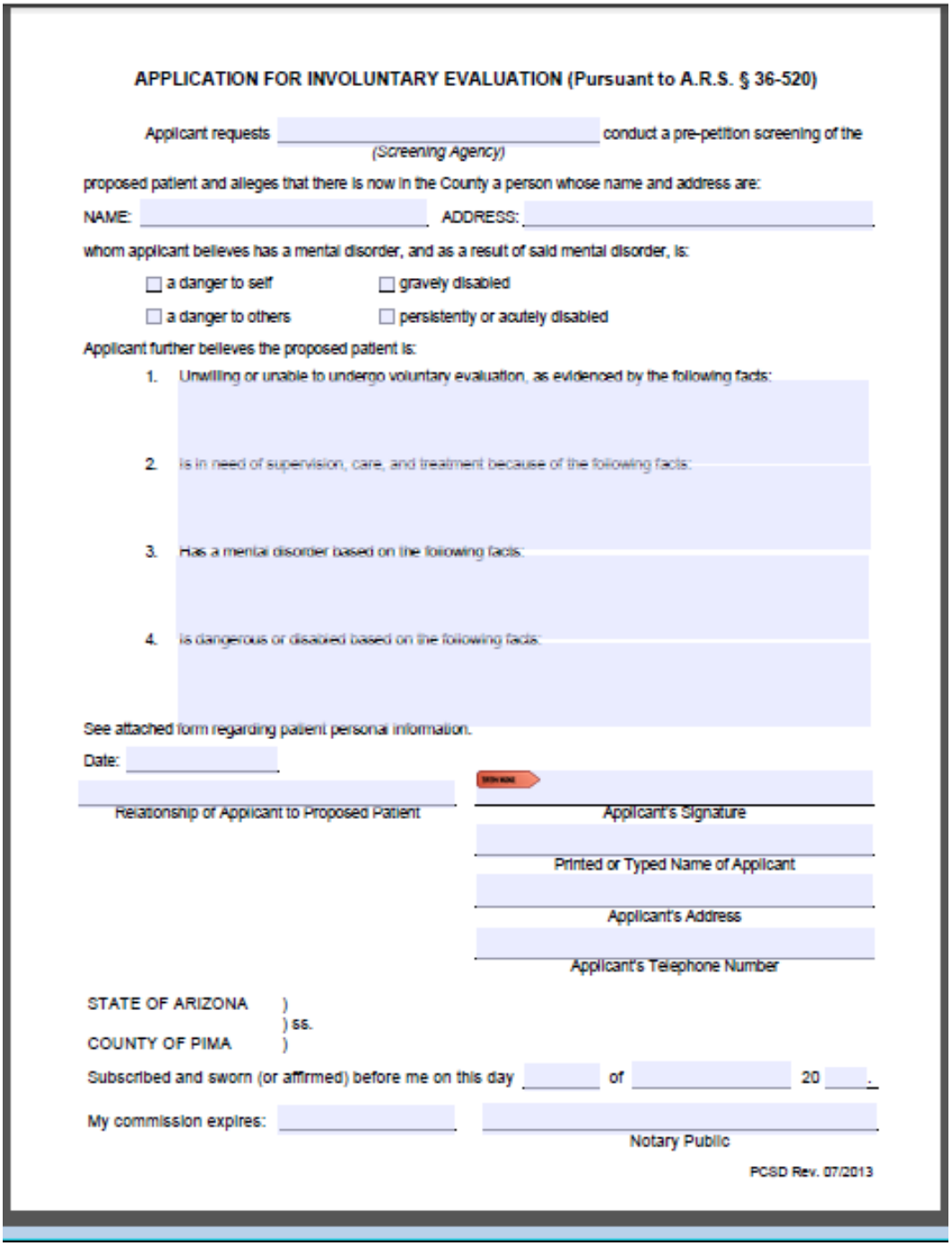
Applicant's Telephone Number: Applicants phone number. The title 36 team WILL call them, so this must be accurate. Use Substation phone if competed by TPD.

9. Notary. All petitions require notarization. The TPD MHST Unit has several officers assigned who are notaries. Otherwise Cenpatico typically has a notary readily available, as does the CRC and Nursewise.

Note: Page 2 and 3 are the same for both types of petitions. Simply check the appropriate box for the correct petition type.

Application for Involuntary Evaluation:

Page 1.



APPLICATION FOR INVOLUNTARY EVALUATION (Pursuant to A.R.S. § 36-520)

Applicant requests _____ conduct a pre-petition screening of the
(Screening Agency)

proposed patient and alleges that there is now in the County a person whose name and address are:

NAME: _____ ADDRESS: _____

whom applicant believes has a mental disorder, and as a result of said mental disorder, is:

☐ a danger to self ☐ gravely disabled

☐ a danger to others ☐ persistently or acutely disabled

Applicant further believes the proposed patient is:

1. Unwilling or unable to undergo voluntary evaluation, as evidenced by the following facts:
2. Is in need of supervision, care, and treatment because of the following facts:
3. Has a mental disorder based on the following facts:
4. Is dangerous or disabled based on the following facts:

See attached form regarding patient personal information.

Date: _____

_____ _____
Relationship of Applicant to Proposed Patient Applicant's Signature

_____
Printed or Typed Name of Applicant

_____
Applicant's Address

_____
Applicant's Telephone Number

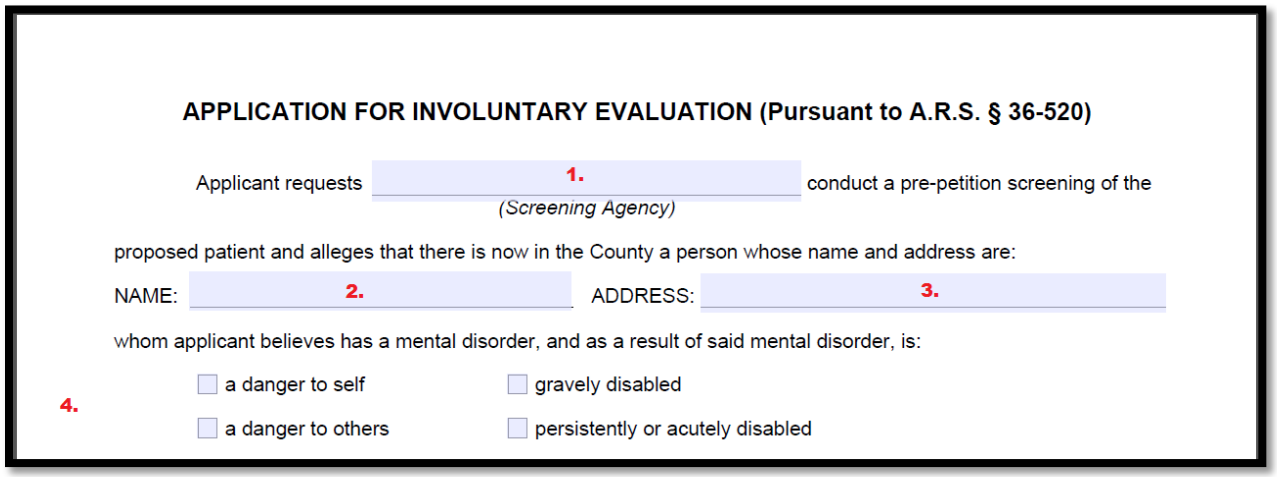
STATE OF ARIZONA)
) ss.
COUNTY OF PIMA)

Subscribed and sworn (or affirmed) before me on this day _____ of _____ 20 ____.

My commission expires: _____ _____
Notary Public

PCSD Rev. 07/2013

Write the case number in the blank space at the top of the petition above the "Application For Involuntary Evaluation," line.



APPLICATION FOR INVOLUNTARY EVALUATION (Pursuant to A.R.S. § 36-520)

Applicant requests 1. conduct a pre-petition screening of the
(Screening Agency)

proposed patient and alleges that there is now in the County a person whose name and address are:

NAME: 2. ADDRESS: 3.

whom applicant believes has a mental disorder, and as a result of said mental disorder, is:

4.

- ☐ a danger to self
- ☐ a danger to others
- ☐ gravely disabled
- ☐ persistently or acutely disabled

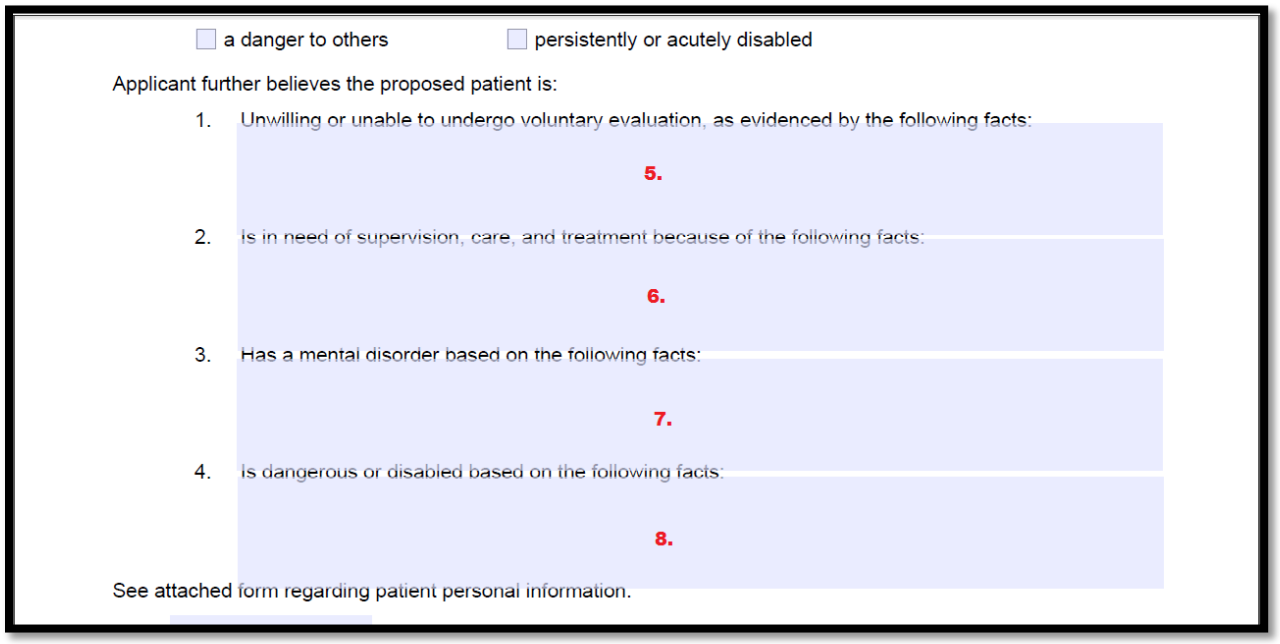
1. Leave this line blank.

2. Name: Most current correct name. This will end up becoming the name used for future court proceedings.

3. Address: Most current address, where the subject can currently be found. This can also be "General Delivery" or "Homeless."

4. Check the appropriate boxes. Multiple boxes can be checked.

- danger to self: Most likely to harm themselves either directly (ex: cutting), or indirectly (ex: Unable to manage medications, likely to overdose), or
- danger to others: Likely to harm others. Can be intentional or recklessly (ex: an assault of a specific person, vs. flailing wildly, and throwing items when experiencing a manic episode), or
- gravely disabled: Gravely disabled is a condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he is unable to provide for his basic physical needs (ex: Subject cannot provide or prepare their own food. Has to be reminded to shower and maintain basic hygiene), or
  pPersistently or acutely disabled: The law considers a person disabled if he or she is likely to suffer emotional, mental, or physical harm due to a mental disorder but cannot make a reasonable, informed choice about treatment.



☐ a danger to others ☐ persistently or acutely disabled

Applicant further believes the proposed patient is:

1. Unwilling or unable to undergo voluntary evaluation, as evidenced by the following facts:

5.

2. is in need of supervision, care, and treatment because of the following facts:

6.

3. Has a mental disorder based on the following facts:

7.

4. is dangerous or disabled based on the following facts:

8.

See attached form regarding patient personal information.

5. Unwilling or unable to undergo voluntary evaluation, as evidenced by the following facts:

Document reasons why the subject is unwilling or unable to voluntarily go to an evaluating agency. This can be a purposeful refusal, or as a result of the mental issue, such as delusions etc. For example: "Mr. Ringer refused to go to the CRC. He refused to speak to the MAC Team" or, "Mr. Jackson is acutely psychotic and could not understand when I asked him to speak with a mental health team."

6. Is in need of supervision, care, and treatment because of the following facts:

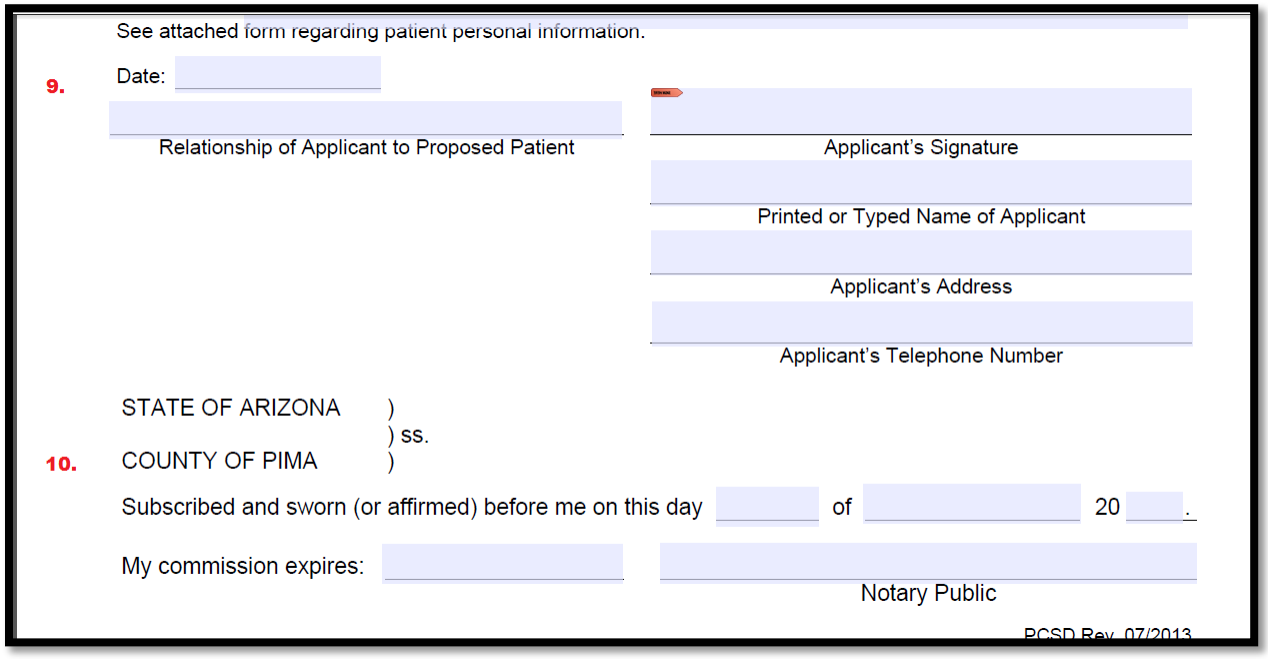
In this section, document the reasons why the subject requires monitored care. Use examples of how the subject has, or will, bring harm to himself or others as a result of a lack of psychiatric care. For example: "Mr. Charles is not taking his medication, and now believes he is a police officer. He is placing himself in dangerous situations by attempting to arrest individuals he believes had committed a crime." A subject can also require treatment or supervision due to failure to thrive. For example: He cannot provide food for himself, shop, and needs to be reminded to shower. Continually forgets to attend appointments."

7. Has a mental disorder based on the following facts:

In this section document known mental health enrollment, or admissions. For example, if they say “I am bi-polar,” or they admit to taking medication you know is meant to treat mental illnesses. Example: “Mr. Jackson is enrolled with La Frontera, and is diagnosed with bi-polar disorder.” If you do not know this, simply document what you see. Example: Loud manic speech, appears delusional. Give direct examples: “Jackson believes he is God, and animals speak to him.”

8. Is dangerous or disabled based on the following facts:

Here you document HOW they are a danger to themselves or others, or in what way they are disabled and unable to care for themselves, or maintain a higher quality of life due to their mental illness. For example: “Mr. Charles is not taking his medication, and now believes he is a police officer. He attempted to arrest an individuals he believed had committed a crime, resulting in a fight where he was assaulted.” Document prior suicide attempts or statements.


See attached form regarding patient personal information.

9. Date:

Relationship of Applicant to Proposed Patient

Applicant’s Signature

Printed or Typed Name of Applicant

Applicant’s Address

Applicant’s Telephone Number

STATE OF ARIZONA)
) ss.
10. COUNTY OF PIMA)

Subscribed and sworn (or affirmed) before me on this day of 20 .

My commission expires:

Notary Public

PCSD Rev. 07/2013

9. Date: Current date.

Relationship of applicant or proposed patient: "TPD," or "Law Enforcement," or familial relationship such as "Father," etc. Use "Professional," if co-worker.

Applicant's Signature: Your Signature, or Signature of Applicant.

Printed or Typed Name of Applicant: Printed Name.

Applicant's Address: Applicants home or work address. If completed by TPD, use substation address, or 270 S. Stone.

Applicant's Telephone Number: Applicants current phone number. The title 36 team WILL call them, so this needs to be accurate. Use Substation phone if completed by TPD.

10. Notary. All petitions must be notarized. The TPD MHST Unit has several officers who are notaries. Otherwise Cenpatico typically has a notary readily available, as does the CRC and Nursewise.

Reminder: Page 2 and 3 are the same for both petitions.

Page 2:

ATTACHMENT TO

☐ Application for Emergency Admission for Evaluation (Pursuant to A.R.S. § 36-524)

OR

☐ Application for Involuntary Evaluation (Pursuant to A.R.S. § 36-520)

INFORMATION REGARDING:

Name of Proposed Patient: _____

Age: _____ Date of Birth: _____ Sex: _____ Race: _____

Weight: _____ Height: _____ Hair: _____ Eyes: _____ Marital Status: _____

No. of Children: _____ Religion: _____ Distinguishing Marks: _____

Other Distinguishing Characteristics: _____

SSN: _____ Occupation: _____

Present Location: _____

Date and Place of Previous Hospitalization(s):

How Long in Arizona: _____ Last State from: _____

Veteran: ☐ Yes ☐ No ☐ Unknown Education: _____

Miscellaneous Pertinent Information:
Unknown

NAME, ADDRESS, AND TELEPHONE NUMBER OF:

Guardian / Conservator: _____

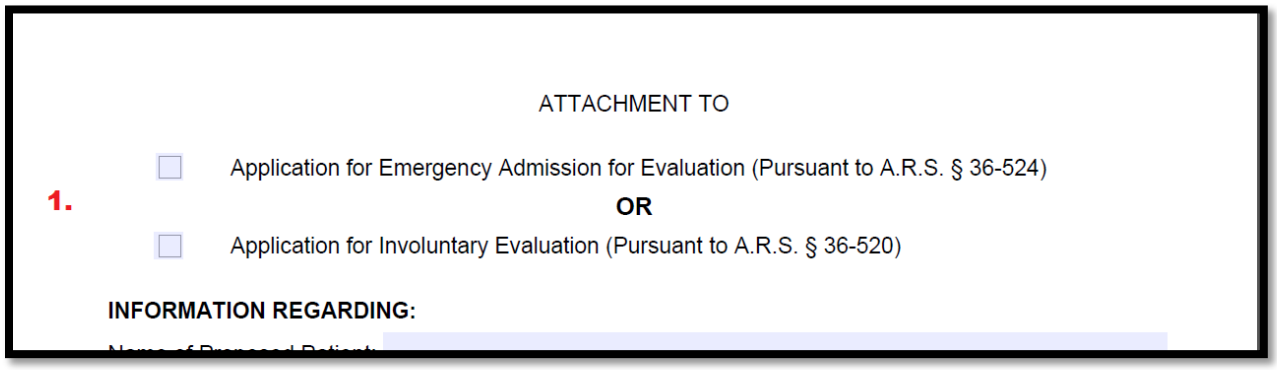
Spouse: _____

Next of Kin: _____

Other persons with a significant relationship to proposed patient:

MUST COMPLETE ALL INFORMATION

PCSC/MH-004.1 (9/95) PCSD Rev. 07/2013



ATTACHMENT TO

1. ☐ Application for Emergency Admission for Evaluation (Pursuant to A.R.S. § 36-524)

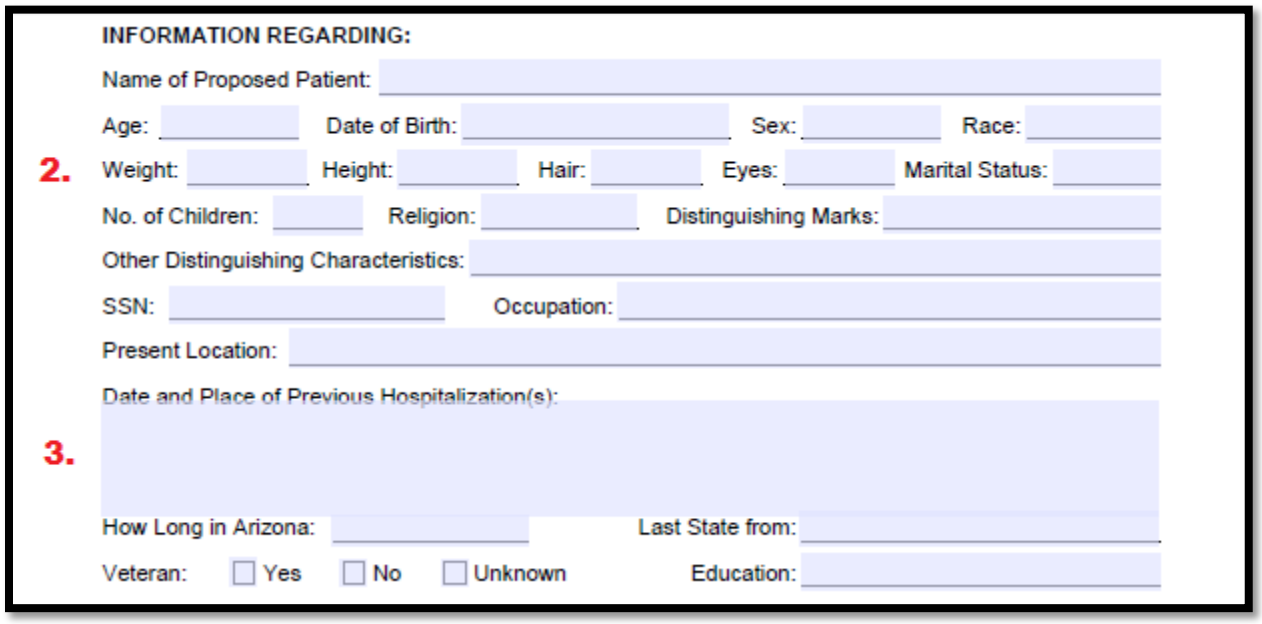
OR

☐ Application for Involuntary Evaluation (Pursuant to A.R.S. § 36-520)

INFORMATION REGARDING:

Name of Proposed Patient:

1. Simply check the box at the top of page 2 for the appropriate document.



INFORMATION REGARDING:

Name of Proposed Patient:

Age: Date of Birth: Sex: Race:

2. Weight: Height: Hair: Eyes: Marital Status:

No. of Children: Religion: Distinguishing Marks:

Other Distinguishing Characteristics:

SSN: Occupation:

Present Location:

Date and Place of Previous Hospitalization(s):

3.

How Long in Arizona: Last State from:

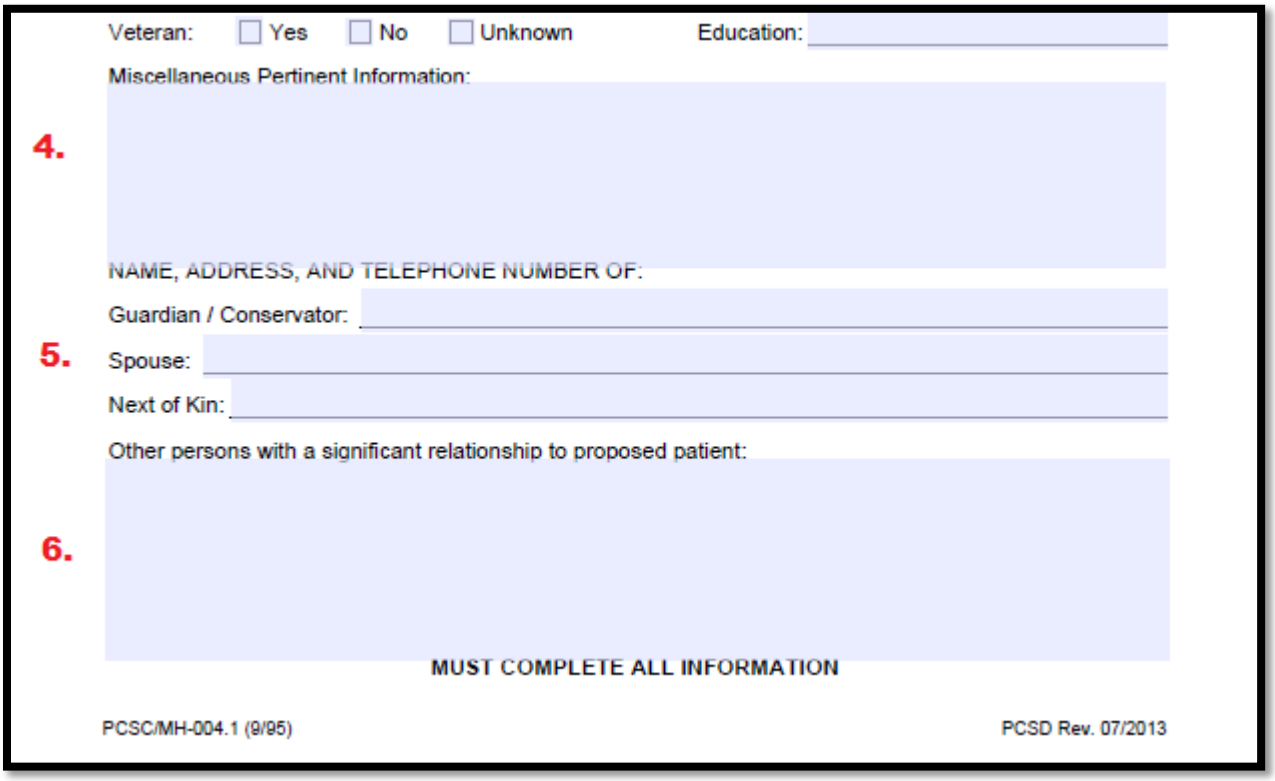
Veteran: ☐ Yes ☐ No ☐ Unknown Education:

2. Biographical Information. Complete as indicated.

Present Location: This is where the subject can currently be found. This is the address/location Nursewise will use to locate the subject. Can be general (example: homeless, under bridge Broadway/Euclid, St. Mary's Hospital Etc.)

3. Date and Place of Previous Hospitalization(s): Document any known hospitalizations for mental health reasons. This can be general information or a best guess. Field

Interviews, Ileads, and COPLINK are great resources for finding 4101, or "Mental Health Transported," type cases. Complete other boxes as indicated. If unknown, write N/A or UNK.


Veteran: ☐ Yes ☐ No ☐ Unknown Education: _____

Miscellaneous Pertinent Information:

4.

NAME, ADDRESS, AND TELEPHONE NUMBER OF:

Guardian / Conservator: _____

5. Spouse: _____

Next of Kin: _____

Other persons with a significant relationship to proposed patient:

6.

MUST COMPLETE ALL INFORMATION

PCSC/MH-004.1 (9/95) PCSD Rev. 07/2013

4. Miscellaneous Pertinent Information: Use this section to add additional information that could not fit on page 1.

5. Name, Address, and Telephone Number Of:

Guardian/Conservator: This is the court appointed Guardian/Conservator only. Must be verifiable, not simply based on someone's word. Minors cannot be petitioned.

Spouse: Document if known.

Next of Kin: Document if known.

6. Other persons with a significant relationship to proposed patient: Any other subjects who may have witnessed behavior or have specific knowledge of the subject/incident who may be of value in court.

Page 3:

PATIENT AND WITNESS INFORMATION FOR A TITLE 36 PETITION

(Must be completed with every application / petition and delivered to the County Attorney's Office.)

Date: _____ Allegations: ☐ DTS ☐ DTO ☐ GD ☐ PAD

PATIENT: _____

AKAs: _____

ANTICIPATED WITNESSES FOR THE HEARING:

Name: _____

Phone / Way to Contact: _____

Relationship to Client: ☐ Professional ☐ Family ☐ Victim ☐ Other

What did the witness observe?

Name: _____

Phone / Way to Contact: _____

Relationship to Client: ☐ Professional ☐ Family ☐ Victim ☐ Other

What did the witness observe?

Other witnesses or information:

CASE MANAGER – Name and Phone: _____

Provider Agency: _____

Does client have a GUARDIAN, CONSERVATOR, AND/OR MEDICAL POWER OF ATTORNEY?

☐ No ☐ Yes Who? Name and Phone: _____

Other Service Agency Contact: _____

This form was completed by:

Full Name: _____ Date: _____

Phone Number: _____ Other Contact Number: _____

PCSD Rev. 07/2013



PATIENT AND WITNESS INFORMATION FOR A TITLE 36 PETITION

(Must be completed with every application / petition and delivered to the County Attorney's Office.)

7. Date: _____ Allegations: ☐ DTS ☐ DTO ☐ GD ☐ PAD

PATIENT: _____

AKAs: _____

ANTICIPATED WITNESSES FOR THE HEARING:

Name: _____

Phone / Way to Contact: _____

Relationship to Client: ☐ Professional ☐ Family ☐ Victim ☐ Other

8. What did the witness observe?

Name: _____

Phone / Way to Contact: _____

Relationship to Client: ☐ Professional ☐ Family ☐ Victim ☐ Other

What did the witness observe?

Other witnesses or information:

9.

7. Date: Current Date.

Allegations: Check applicable box (DTO,DTS,GD,PAD). Should match page 1.

Patient: Same as page 1.

Aka's: Any aka's if known.

8. Anticipated Witnesses for The Hearing:

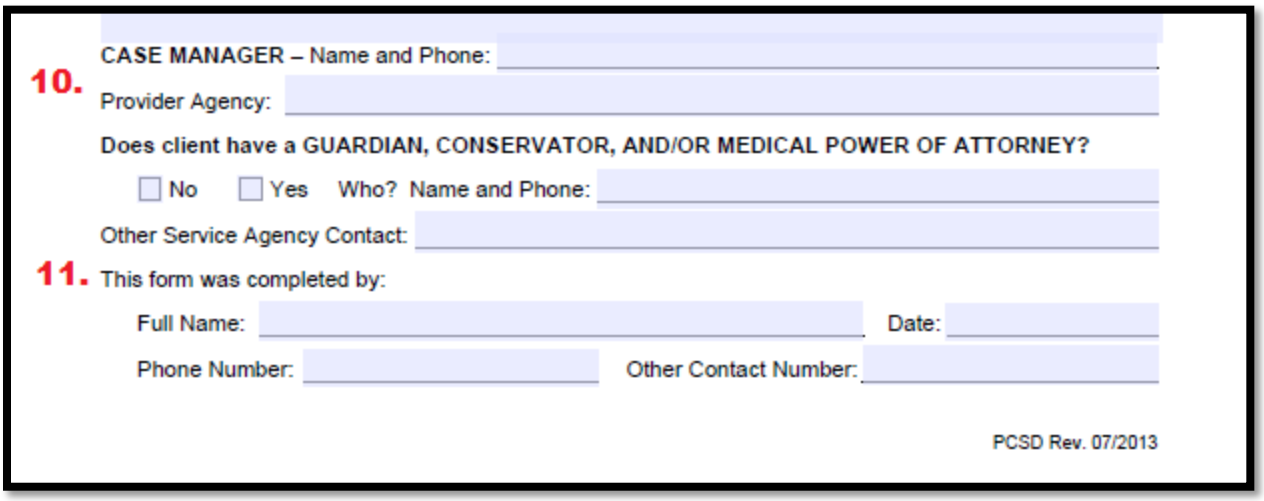
Name: Current name.

Phone / Way to Contact: Current phone number/address.

Relationship to Client: Check appropriate box (Professional, Family, Victim, Other).

What did the witness observe: Document the specific observations this witness made.

9. Other Witnesses or information: Any other pertinent witness information or supplemental details can go here.



10. CASE MANAGER – Name and Phone: _____

Provider Agency: _____

Does client have a GUARDIAN, CONSERVATOR, AND/OR MEDICAL POWER OF ATTORNEY?

☐ No ☐ Yes Who? Name and Phone: _____

Other Service Agency Contact: _____

11. This form was completed by:

Full Name: _____ Date: _____

Phone Number: _____ Other Contact Number: _____

PCSD Rev. 07/2013

10. CASE MANAGER – Name and Phone: Document if known.

Provider Agency: Even if the subject only knows their provider agency, document it for follow-up by Community Bridges.

Does client have a GUARDIAN, CONSERVATOR, AND/OR MEDICAL POWER OF ATTORNEY**:** Document if known. These are only legal court appointed for adults.

11. This form was completed by: Your name (or petitioner), current date must match date document was notarized and current phone numbers.

Prior to submitting a petition to Community Bridges or an Evaluating Hospital, it must be notarized.

Supplemental documentation may be submitted as well (case reports, medical records etc.), however these may also need to be notarized. Consult with a member of the Community Bridges Title 36 Team if necessary.

12.0 HIPAA

The Health Insurance Portability and Accountability Act, better known as HIPAA. Officers often face circumstances where they attempt to obtain basic information from a medical facility or provider only to be told by these entities that they are unable to release the information because it would violate HIPAA confidentiality rules. The refusal of the medical facility or provider to provide basic information represents a fundamental misunderstanding of HIPAA so deeply ingrained that it now exists as an industry wide myth. Law Enforcement officials (police & probation officers), courts, court personnel, accrediting agencies are not considered "covered entities," and thus are not subject to HIPPA restrictions. Organizations or agencies that are not "covered entities" can be given information without consent of the individual patient in the following situations, also known as "legal exceptions":

Legal exceptions that will allow the requested information to be released:

Patient Authorization. A written, HIPAA-compliant authorization, signed by the patient, or by the patient's health care decision maker or other legal representative.

Legal Process. A court order or court-ordered warrant, a subpoena or summons issued by a judge, or a grand jury subpoena seeking the information has been issued.

Suspect, Fugitive, Material Witness, or Missing Person. Information about the above-named patient is needed to identify or locate a suspect, fugitive, material witness, or missing person.

Victim of a Crime. An individual who is, or is suspected to be, a victim of a crime. The individual's agreement to disclosure cannot be obtained due to incapacity or other emergency circumstances. The information is needed to determine whether a violation of law by someone other than the victim or suspected victim has occurred, that the information is not intended to be used against the victim or suspected victim, and that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

Crime on Premises. The information sought constitutes evidence of possible criminal conduct occurring on the premises of the provider, to include vehicles owned by the provider.

Injury by Violence. The information sought concerns a person suffering from a gunshot wound, knife wound, or other material injury which may have resulted from a fight, brawl, robbery or other illegal or unlawful act, and your are requesting information on the circumstances (if known), together with the name and description of the patient, the character of the wound, and other facts which may be of assistance to the investigation in the event the patient's condition may be due to a crime.

Abuse of Minor or Vulnerable Adult. Law Enforcement is entitled to this information in investigating suspected, neglect, child abuse, physical injury, or abuse of a minor; or abuse, neglect or exploitation of a vulnerable adult.

Patient in Custody. The patient is in lawful custody of the correctional facility or law enforcement official or agency, and the requested information is needed for:

- The provision of healthcare to this patient,
- The health and safety of the patient, other inmates at, officers or employees of, or other persons at the correctional institution or custodial facility, or responsible for transporting or transferring the patient, or
- The administration and maintenance of the safety, security, and good order of the correctional institution or custodial facility, or law enforcement on its premises.

When requesting protected health information officers should reference and complete TPD Form 2240. This form contains an easy to use and comprehensive list of federal and state statutory exceptions for requesting otherwise HIPAA protected information under specific factual circumstances. As always, should you have any questions or concerns please contact the department Legal Advisor. More information can be found at www.hhs.gov

13.0 Special Circumstances: Barricaded, Non-Compliant, and Prohibited Possessor Investigations

13.1 Definitions

Voluntary Admission: A person over eighteen years of age who can give informed consent to be hospitalized for mental health treatment or evaluation[12]

Application for Involuntary Evaluation: An application for a person to receive a court-ordered evaluation of a person who is alleged to have one or more of the following conditions, and is unwilling or unable to undergo voluntary treatment: 1) danger to self 2) danger to others 3) persistently and acutely disabled, or 4) gravely disabled. This process is often referred to as a "PAD" (persistently and acutely disabled)[13]

Mental Health Court Order: A legal process that requires a Peace Officer to apprehend and transport a person for mental health evaluation, which is signed by a Judge, and generally expires in 14 days[14]

Apprehension by Peace Officers for Emergency or Court Order Evaluation: A Peace Officer shall apprehend and transport a person to an evaluation agency[15]

Emergency Application for Evaluation: A statement by the applicant that a person is an eminent danger to self or others, and is likely to inflict harm on self or others without immediate hospitalization. This is often referred to as an "emergency petition"[16]

Mental Health Court Order Revocation/Amendment: A Peace Officer shall apprehend and transport a person who is non-compliant with court ordered treatment, when ordered by the court, which generally expires in 90 days[17]

Verbal Mental Health Court Order Revocation: A Peace Officer shall apprehend and transport a person who is non-compliant with court ordered treatment upon an oral request from a medical director and without the necessity of a court order or warrant[18]

[12] ARS 36-518(A)
[13] ARS 3-520 (A)
[14] ARS 36-533 (A) (1)
[15] ARS 36-525 (A)
[16] ARS 36-524 (C) (1)
[17] ARS 36-544 (A)
[18] ARS 36-544 (A)

Mental Health Prohibited Possessor: A person who has been found to constitute a danger to self or to others or to have a persistent or acute disability or grave disability pursuant to court order pursuant to section 36-540, and whose right to possess a firearm has not been restored pursuant to section 13-925. 19

Barricaded Subject: A person who knowingly and intentionally remains inside of a residence, vehicle, or other structure, or refuses a law enforcement request to exit such a structure, and actively resists apprehension and/or arrest, while armed with weapons or explosives, or claiming to be. Generally, barricaded subject refer to individuals who are suspected of committing violent or felony criminal offenses.

Non-Compliant Subject: A person who declines to exit their residence, vehicle, or other structure upon a law enforcement request to do so, including subjects who are unwilling or unable to do so. Generally, non-complaint subject refers to individuals who are in crisis and/or the subject of a mental health court order, and have either not committed a crime, or are suspected of committing a low level misdemeanor offense.

Person in Crisis: An individual's emotional, physical, mental, or behavioral response to an event or experience that results in trauma. A person may experience crisis during times of stress in response to real or perceived threats and/or loss of control and when normal coping mechanisms are ineffective.

Seriously Mentally Ill: A person who has a diagnosable condition including but not limited to depression, anxiety, or schizophrenia, that substantially impairs thoughts, emotions, behaviors, and actions[20]

Substance Use Disorder: Occurs when a person's use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home[21]

Psychosis: A condition in which a person loses contact with reality, which may be accompanied by delusions and/or hallucinations[22]

Agitation: Actions taken by Department personnel to elevate a subject's response to law enforcement; or to gain a tactical advantage

[19] ARS 13-3101 (7) (a)
[20] National Institute of Mental Health, www.nimh.nih.gov
[21] Substance Abuse and Mental Health Services Administration, www.samhsa.gov
[22] National Institute of Mental Health, www.nimh.nih.gov

Mental Health Support Team: A Tucson Police Department team consisting of a sergeant, detectives, and officers, that has as its primary responsibility the service of mental health court orders and responding to incidents involving persons in crisis[23]

Crisis Response Center: Located at 2802 E. District offers free mental health evaluation and services to residents of Pima County. Subjects may be take there on either a voluntary or involuntary basis, as described in Arizona Revised Statutes Title 36[24]

13.2 Guidelines and Procedures

This manual is intended to provide guidance to Department personnel interacting with persons in crisis, persons with a SMI diagnosis, or persons with a substance use disorder, and subjects who barricade themselves or become non-compliant in their residence, vehicle, or other structure. Each situation is unique; this manual is designed to provide guiding principles only. Personnel are reminded that no policy, procedure, or training is designed to place either the Department member or the public at undue risk.

Department members who interact with barricaded or non-compliant subjects should consistently, during the incident, evaluate the necessity of Police presence at the scene, and the necessity of apprehending or arresting the subject with immediacy.

For cases involving a felony suspects, serious criminal charges, or subjects armed with firearms, Department personnel should consider additional resources such as the SWAT or Hostage Negotiation Unit, as documented in the SWAT and Specialized Response Division manuals.

For cases involving low level charges, or cases that involve a mental health nexus only, Department personnel should consider requesting the Mental Health Support Team to the scene. When a subject barricades, or becomes non-compliant and presents a danger only to themselves, and are alone in their residence or other structure, Department personnel should weigh the necessity of an immediate apprehension or arrest versus attempting to contact the subject at a later time or date. The Mental Health Support Team may be contacted to assist in this decision-making process.

For cases involving subjects who present an acute and specific danger to others, it is the general policy of the Department to interact with the subject until they are arrested or apprehended. This does not preclude Department personnel from considering

[23] Mental Health Support Team Manual, 2015
[24] http://www.connectionsarizona.com

alternative responses to the subject, such as surveillance of the subject's residence. The Mental Health Support Team may be contacted to assist in this decision-making process.

In all cases of either barricaded or non-compliant subjects, department personnel are reminded of the following:

- Consider the lives of the hostages, civilians, officers and suspects involved to be of the utmost importance;
- Whenever possible, enhance the prospects of peacefully resolving the incident through communication with the subject;
- Whenever possible to develop and maintain the ability to use alternative approaches to resolve the incident should communications fail;
- In hostage situations, make every reasonable effort to effect the safe release of the hostages until the Hostage Crisis Team arrives, and assumes negotiations. The MHST Unit will defer communication with subjects with a mental health nexus, who have taken hostages to the Hostage Crisis Team when practical.

13.3 Incidents Involving Persons in Crisis

It is the policy of the Department to interact with persons in crisis in a measured and patient way which maximizes the safety of the subject involved and minimizes risk to the public and Department members. The following guidelines are designed to provide Department personnel with direction for interactions and investigations involving persons in crisis, persons with a serious mental illness diagnosis, barricaded and non-compliant subjects. This manual also details Mental Health Support Team policies and procedures in these situations.

<u>Barricaded Subjects</u>

A barricaded subject refers to situations in which a criminal subject actively refuses a lawful request made by a Peace Officer to exit their residence, vehicle, or other structure. Examples of these incidents include: obstructing doorways or windows designed to slow law enforcement entry or obstruct view of the interior of the structure, verbalizing an unwillingness to exit the structure, or threatening violence/resistance should personnel enter the premises forcibly. These incidents include situations in which criminal charges exist against the subject, but may also include a mental health court order or an emergency application for evaluation has been filed on the subject, or a combination of both and the criminal charges outweigh the mental health component.

Department personnel should consider the following when responding to such incidents:

- The nature of the offense or call for service, considering criminal charges, a mental health nexus, a substance use disorder, or a combination of these factors. Generally, mental health orders outweigh misdemeanor offenses and violent felonies outweigh mental health orders.
- Whether the subject is alone in the residence, vehicle, or structure
- The subject's access to weapons and contact history
- The ability to plan for a rapid egress away from the subject should they present a threat to personnel on the scene
- Making the scene safe for both Department members and the public, to include the consideration of evacuation of the surrounding area
- Resources such as the Mental Health Support Team, the Hostage Negotiation Unit, and SWAT to resolve the situation
- A supervisor shall be summoned to the scene whenever an individual becomes barricaded

Mental Health Support Team

For barricade cases involving a mental health nexus (with or without criminal charges), MHST can be used as an investigative resource to determine the subject's mental health history, service provider, and to obtain an emergency application for involuntary evaluation. Generally, the MHST will not obtain criminal search warrants; the relevant investigative detail should be contacted to complete those tasks. Once the subject is detained, MHST will assist with a transport to the relevant evaluation agency for treatment, if there are no criminal charges. This transport should be completed as soon as possible upon detention of the subject.

Agitation: Generally, agitation of barricaded subject is used to increase a tactical advantage or gain operational momentum designed to increase the likelihood of a subject's compliance. Examples of agitation include breaking windows or introducing chemical agents into a structure.

For barricade situations involving felony suspects, serious criminal charges, or subjects armed with firearms, please refer to the SWAT Field and Specialized Response Division manuals.

Non-Compliant Subjects

A non-complaint subject refers to when a person evades an apprehension or arrest from a residence, vehicle, or other structure passively and includes a mental health

component. This is a distinct and separate classification than criminal subjects who actively barricade. Examples of these incidents include: unresponsiveness (no reply to law enforcement despite knowing the subject is likely present in the residence or other structure), verbalizing an unwillingness to exit the structure, or verbalizing an incapacity to do so. These incidents include situations in which lower-level criminal charges exist against the subject, a mental health court order or an emergency application for evaluation has been filed on the subject, or a combination of both.

Department personnel should consider the following when responding to such incidents:

- The nature of the offense or call for service, considering criminal charges; i.e. seriousness of the offense (*Graham)*, a mental health nexus, a substance use disorder, or a combination of these factors
- Whether the subject is alone in the residence, vehicle, or structure
- The subject's access to weapons and contact history
- Making the scene safe for both Department members and the public, to include the consideration of evacuation of the surrounding area
- The necessity to apprehend or arrest the subject with immediacy
- Whether the subject presents a danger to anyone other than themselves
- Whether the incident itself is defined by a mental health nexus or criminal charges
- The ability to plan for a rapid egress away from the subject should they present a threat to personnel on the scene
- When a non-compliant subject barricades, a supervisor shall be summoned to the scene and take incident command. Decision for further actions, i.e. unlocking doors, will be at the discretion of the supervisor

<u>Mental Health Support Team</u>

In incidents in which there are no criminal charges, and the situation is defined by a mental health nexus (a mental health court order or emergency application for evaluation), the MHST may be summoned to the scene to take primary responsibility of interaction with the subject, until or unless such time as the decision is made by the Incident Commander to transfer such responsibility to the Hostage Negotiation Unit.

MHST can also be used in these situations as an investigative resource to determine the subject's mental health history, service provider, and to obtain an emergency application for involuntary evaluation. In such situations, and those cases in which no criminal charges exist, the Incident Commander should carefully consider the necessity for resources such as the SWAT team, which may further increase a subject's agitation.

This does not preclude the summoning of such resources to increase safety to Department personnel or the public, or to supply tools or resources not readily available to Field personnel.

Once the subject is detained, MHST will assist with a transport to the relevant evaluation agency for treatment, if there are no criminal charges. This transport should be completed as soon as possible upon detention of the subject.

Occasionally, the MHST may have detailed information about a subject such as a previous interaction or communication with the subject's case manager. In extremely limited circumstances, this information may change the operational plan in response to a non-compliant subject. Subjects who have a history of non-compliance, or suffer from the effects of psychosis, may express an inability to comply with a lawful command to exit their residence or structure. These subjects are also not likely to respond to traditional negotiation tactics, particularly in cases of psychosis. In such cases, the MHST, in coordination with the Incident Commander, may take such steps as opening the door to the residence or structure forcibly to gain contact with the non-complaint subject. It is important that that Department personnel not confuse this action with agitation. The purpose of such an action is to ground the non-complaint or psychotic subject and regain a constructive dialogue with them. These actions are not an attempt to gain entry to a residence or structure. If, upon taking an action such as opening a door or window, the subject actively retreats or barricades further into the residence, Department personnel should consider working the incident as a traditional barricade, to include the summoning of additional resources to the scene such as SWAT or the Hostage Negotiation Unit.

In all cases, if such an action is to be taken during an incident such as opening a door or window by force, all Department personnel shall be advised of this operational plan, and be informed as to the purpose of such an action. An emergency egress plan, for such instances as when a subject may become an unexpected threat to personnel on the scene, shall accompany all such operational plans.

Agitation

Generally, agitation will not be used during incidents in which the primary nexus is mental health related and there are no criminal charges. This does not preclude Department personnel from taking action that is necessitated by their safety or the safety of others.

13.4 Investigative Guidelines

Once a barricaded or non-compliant subject is arrested or apprehended, they should be transported from the scene as soon as practicable or possible. The subsequent investigation at the scene will depend on the relevant criminal charges or Title 36 legal process that has been initiated on the subject.

For criminal search warrants, Department members should call the relevant investigative detail for assistance.

In cases where there are no criminal charges will be filed against the subject, the Mental Health Support Team will be charged with the investigation. Department members are reminded of the following guidelines when there are no criminal charges against a subject:

- An Application for Emergency Evaluation, a Mental Health Court Order, and a Mental Health Court Order Revocation commands a Peace Officer to apprehend and transport a subject to an evaluating agency (such as the Crisis Response Center)
- None of these legal processes allow a Peace Officer to search a residence or other structure other than for the purpose of detaining the subject of the order
- Department members must obtain a search warrant if searching a residence or other structure is necessary, or articulate an exception to the warrant requirement (such as a protective sweep)
- Involuntary mental health legal process may result in a subject becoming a Mental Health Prohibited Possessor. As such, after a barricade or non-compliant subject incident is resolved, Department members shall seize firearms that are in plain view in a residence or other structure. Such firearms shall be placed into Property as Evidence
- All incidents that involve the seizure of firearms shall be forwarded to the Mental Health Support Team