



**CHAPTER 58
MENTAL ILLNESS**

Effective: December 2007

Revised: January 2020

58.0 PURPOSE

The purpose of this chapter is to establish guidelines and responsibilities regarding this department's response to incidents involving suspected or verifiably mentally ill subjects.

58.1 POLICY

It is the policy of the Golden Police Department to provide an effective response to situations involving subjects who are suspected or verifiably mentally ill in order to avoid unnecessary violence, potential civil litigation and to ensure that proper medical attention is provided.

58.2 RECOGNITION OF MENTAL ILLNESS

Members should be able to recognize behavior that is indicative of mental illness and that is potentially dangerous to self and/or others. Members should not rule out other causes of abnormal behavior such as reactions to drugs, alcohol, or temporary emotional disturbances.

Members should evaluate the following symptomatic behavior(s) in total context of the situation when determining a subject's mental state and the need for intervention absent the commission of a crime:

- A. Degree of Reactions – A person may show signs of strong and unrelenting fear of persons, places, or things.
- B. Appropriateness of Behavior – A person who acts extremely inappropriate for a given situation may be mentally ill.
- C. Extreme Rigidity or Inflexibility – A person may be easily frustrated in new or unforeseen circumstances and may exhibit inappropriate or aggressive behavior.
- D. Other specific behaviors such as:
 - 1. Abnormal memory loss such as name, address, or phone number.
 - 2. Delusions of grandeur or paranoia.

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3. Hallucinations of any of the five senses such as hearing voices, feeling one's skin crawl.
4. Belief that the person is suffering from an extraordinary physical illness that is not possible such as their heart has stopped beating.
5. Extreme fright or depression.

58.3 DETERMINING THE DANGER LEVEL

Not all mentally ill persons are dangerous and some may be dangerous only under certain circumstances. Specific indicators that can assist a member in determining if a person represents an immediate or potential danger to themselves or others include, but are not limited to:

- A. The availability of weapons to the subject.
- B. Substantiated statements by a person that they are prepared to commit a violent or dangerous act. Failure to commit a violent or dangerous act prior to contact does not guarantee that such act will not occur.
- C. Personal history, known or provided, that reflects prior violence under similar circumstances.
- D. The lack of physical control a subject demonstrates over their emotions of rage, anger, fright and agitation, characterized by:
 1. Inability to sit still.
 2. Inability to communicate effectively, rambling thoughts and speech.
 3. Clutching themselves or objects to maintain control.
 4. Begging to be left alone.
 5. Frantic assurances that they are all right.
- E. Agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account.

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58.4 HANDLING THE MENTALLY ILL

If a member determines that a subject may be mentally ill, and the potential for a dangerous or violent act exists, members should attempt to respond in the following manner:

- A. Have back-up present before taking any action whenever possible.
- B. If possible, try to obtain any information on the subject from family or friends.
- C. Try to calm the situation:
 - 1. Cease emergency lights and sirens, if practical.
 - 2. Disperse crowds.
 - 3. Avoid physical contact, if possible, while assessing the situation.
 - 4. Attempt to move in a manner that will not excite the subject.
- D. Attempt to communicate with the subject:
 - 1. Convey that the police are there to help and that appropriate care will be provided.
 - 2. Attempt to find out what is bothering the subject.
 - 3. Allow the subject to ventilate their feelings.
 - 4. Avoid topics that may agitate the subject and guide the conversation towards topics that seem to ease the situation.
 - 5. Be truthful. If the subject perceives deception, they may withdraw further and complicate the situation more.

58.5 MENTAL HEALTH EVALUATIONS

When any person appears to be mentally ill, and as a result of such illness appears to be an imminent danger to themselves or others, or appears to be gravely disabled, they may be taken into custody and placed in a designated

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treatment facility for a 72 hour mental health evaluation and treatment unless the process of taking the person into custody poses a level of significant risk to either the person or officers that outweighs the need to take the person into custody. The decision in each case will be made by the scene supervisor and/or Incident Commander. § 27-65-105, C.R.S. specifies that an emergency commitment does not constitute an arrest. Therefore the rights of the mentally ill shall be protected just as the rights of any other citizen.

A person in need of a mental health evaluation, but not in custody for criminal charges, will be transported to an appropriate medical facility where a medical assessment of the person will be completed by a the facility's psychiatric unit. Transport will generally be done by ambulance but can be completed using a patrol vehicle if necessary.

Involuntary mental health evaluations will be reported using the *Emergency Mental Illness Report and Application (M1 Form)* that, under the authority of § 27-65-105, C.R.S., authorizes a mental health hold for up to 72 hours. Use of the *Emergency Mental Illness Report and Application (M-1)* form is suggested, but not required when the mental health evaluation is voluntary.

In the event that a person does not meet the standards of being gravely disabled and shows no signs of being a danger to themselves or others, a member may provide other community resources to assist the person. This may include assistance toward commitment in seeking voluntary mental health treatment. In these cases, transport should be done by ambulance or private vehicle.

58.6 INVOLUNTARY TRANSPORTATION HOLD

Pursuant to C.R.S. 27-65-105(1)(a)(I.5), when any person appears to have a mental health disorder and, as a result of this disorder, is in need of immediate evaluation in order to prevent physical or psychiatric harm to others or to themselves, they may be immediately transported to a Walk-In Crisis Center or an Emergency Room if a Walk-In Crisis Center is not available.

Involuntary transportation holds will be reported using the Involuntary Transportation for Immediate Screening form (M-0.5 Form). A copy of the M-0.5 form will be provided to the facility where the individual is transported and to the individual.

Transportation to the Walk-In Crisis Center or emergency room will be done by patrol vehicle. At no time will an ambulance be used to complete the transport.

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Involuntary transportation holds will not replace the use of seventy-two hour mental health holds when a member is able to articulate an individual is an imminent danger to themselves or others or they are gravely disabled.

58.7 CRIMINAL CHARGES

In the event that a crime has been committed by a person requiring a mental health evaluation, a member may take one of the following actions:

- A. Release the person on a summons and complaint prior to the mental health evaluation.
- B. Release the person pending charges until the completion of the mental health evaluation.
- C. Book the person into the Jefferson County Jail and notify the jail personnel of the need for a mental health evaluation.

58.8 MENTAL HEALTH CO-RESPONDER PROGRAM

The Department participates with the Jefferson County Sheriff's Office, Wheat Ridge Police Department, and Jefferson Center for Mental Health on a co-responder mental health program. A co-responder is a mental health professional who can assist in de-escalation, help stabilize a crisis through clinical and needs assessment, and assist with linkage to appropriate mental health, substance abuse, and other services after a crisis.

58.8.1 Mental Health Co-Responder Coordination

The overall coordination of the co-responder program is the primary responsibility of one assigned CRO and a secondary duty of the other assigned CRO, as part of their duties. These duties include, but are not limited to:

- A. Serving as the primary point of contact for the mental health professionals.
- B. Attending meetings as the primary point of contact for the Mental Health Co-Responder Program.
- C. Assisting the mental health professional with agency generated mental health crisis calls for service and follow-up.

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- D. Working with individuals experiencing quality of life issues to find long-term solutions. This should involve collaboration with service agencies, law enforcement, and individuals to help bring services to the people in need.

- E. Working with special populations within the community who may need additional assistance by being connected to service agencies. Special populations include, but are not limited to:
 - 1. Intellectually / developmentally disabled.
 - 2. Individuals experiencing mental illness or mental health crisis.
 - 3. Older Americans.
 - 4. Individuals experiencing homelessness.
 - 5. Individuals with a disability.