



# WICHITA POLICE DEPARTMENT

## POLICY MANUAL



### POLICY 519

#### MENTALLY ILL PERSONS/CRISIS INTERVENTION TEAM

##### I. POLICY

The Wichita Police Department recognizes challenges of chronic behavioral crises related to mental illness, substance abuse, intellectual disability, and behavioral health conditions. The primary police function when responding to mental health crisis calls is to restore order by de-escalating incidents and referring citizens in crisis to appropriate treatment. Ideally, arresting a *mentally ill person* should be reserved for violent and/or serious crimes. The best option in all other situations is mental health treatment. Individuals with mental illness are citizens in full-standing, of equal dignity and should receive an equivalent level of care.

##### II. PROCEDURES

###### A. General

1. Upon investigation, any law enforcement officer who has a reasonable belief an individual is mentally ill or has an alcohol or substance abuse problem, and because of such problem is likely to cause harm to self or others, may take an individual into *custody without a warrant* or other court-order. The officer does not need to have personally witnessed the abnormal behavior of the person for this to occur. Information provided by a Mental Health Professional can aid in determining reasonable belief. The harm does not have to stem from an overt act of physical violence. A case of “self-care failure” (i.e., no food or water, unsanitary conditions, inability to distinguish what is real and what is a delusion) can constitute a serious threat to the person or others by not taking prescribed medications or are unable to care for their own basic needs.

###### B. Crisis Intervention Team (CIT) Trained Officers

1. The Wichita Police Department has officers who voluntarily receive Crisis Intervention Team (CIT) training. CIT trained officers, when on-duty and available for calls, may be dispatched to calls which appear to meet the definition of a mental health/substance abuse emergency. When on-scene, a CIT trained officer, will manage the incident investigation if a supervisor is not present.
  - a. If a supervisor or an on-scene officer determines the incident requires specialized intervention, an on-duty *CIT Officer* may be requested to assist. When a supervisor is on-scene, the *CIT officer* will serve as a resource to the controlling supervisor to develop a collaborative plan for safely resolving the mental health/substance abuse emergency. The supervisor will consider the *CIT officer's* specialized training, knowledge, experience and advice given on best practices for managing

people who are going through a mental health/substance abuse emergency. The *CIT officer* will also serve as a resource in determining how to handle any criminal acts related to the mental health/substance abuse call.

2. The *CIT officer* does not automatically take reports or make arrests on CIT calls. The presence of a *CIT officer* does not excuse officers from documenting incidents within their response zones. If a *CIT officer* determines a call has no mental health crisis component, the call may be turned over to the beat officer~~;~~. The *CIT officer* shall prepare a supplemental report to document their role in the call, and return to service.
3. CIT trained officers may not be on-duty or available to respond to mental health/substance abuse emergency calls 24 hours per day, 7 days per week. All supervisors and officers, CIT trained or not, will manage calls with a suspected mental health or substance abuse component professionally, using this policy for guidance.
4. When officers recognize they are potentially dealing with a mental health/substance abuse emergency, the officers should consider applying some of the following de-escalation techniques. If the person is actively violent the officer may request assistance from a *CIT Officer*.
  - a. The officer should:
    1. Assess safety issues.
    2. Introduce yourself attempt to obtain the person's name.
    3. Remain calm and avoid overreacting.
    4. Be helpful.
    5. Present a genuine willingness to understand and help.
    6. Speak slowly, in a low tone, using short sentences, repeating for clarity.
    7. Move slowly.
    8. Remove distractions or disruptive people from the area.
    9. Demonstrate "active listening" skills.
  - b. The officer should NOT:
    1. Engage in behaviors that can be interpreted as aggressive.
    2. Allow others to interact simultaneously while you are attempting to talk to the person and stabilize the situation.
    3. Corner or be cornered: Give the person expanded space and ensure officers have expanded space and a safe exit.
    4. Raise your voice, use a sharp edge in your speaking, or use threats to gain compliance.
    5. Attempt to gain compliance based on the assumption the person is

as reasonable on issues as you are.

6. Argue.

**C. Sharing Information Authorized in K.S.A. 65-5603**

1. When a law enforcement officer has a lawful need to know, as defined in *K.S.A. 65-5603*, whether a person is or has been a patient of any treatment facility within the last six months, the protocol to request such information from service providers is as follows:
  - a. Via Christi Hospitals:
    1. Two Via Christi Health Information Management (“HIM”) department phone numbers are available for processing requests. All other hospital personnel, including nurses and physicians, are not authorized to process these requests and should refer officers to the following contacts:
      - a. Primary contact: 316-689-4720-HIM at Via Christi Hospital on East Harry
      - b. Backup contact: 316-268-5950-HIM at Via Christi Hospital on St. Francis
    2. Officers will need to listen to the automated message and press “1” for law enforcement requests. From there you will be connected to HIM staff or, if the call is made during non-business hours, asked to leave a message. For a compliant request, HIM requires the following information:
      - a. Officer’s Name, Agency, Badge Number, and Phone Number; and
      - b. Full name of the detained individual. Additional identifiers may be required to confirm the identity of the individual.
    3. Hours of operation: Monday-Friday, 8:00 AM-4:30 PM (Holidays excluded). Any calls received during non-business hours will be processed on the following business day.
    4. HIM staff reviews the individual’s medical records and determines if the individual has received inpatient behavioral health services at Via Christi within the last six months (180 days). HIM provides a “yes” or “no” response. Providing any additional information may result in an unlawful disclosure of the individual’s protected health information.

## b. Sedgwick County COMCARE:

1. During business hours, Monday-Friday, 8:00 AM-5:00 PM, call COMCARE Records 316-660-7775.
2. After business hours, on weekends and holidays, call COMCARE crisis 316-660-7500

**D. Voluntary Consent to Treatment**

1. If a person who does not meet the requirements for warrantless police custody under K.S.A. 59-2953 or K.S.A. 59-29b53 requests to go to COMCARE, Veteran's Administration Hospital, St. Joseph Hospital, or any other facility for assessment or treatment, the officer shall facilitate the request in a reasonable manner.
  - a. Family members, friends, or others may transport the individual to a facility.
  - b. Transport may be made by ambulance if an identified medical condition requires EMT attention.
  - c. The officer may transport the individual after notifying a supervisor of the circumstances of the contact and the person's request:
    1. Upon arrival at the treatment facility, the officer will notify the staff, the individual is a voluntary self-admit, not in police custody or subject to an involuntary commitment by the law enforcement officer.
    2. To ensure a "safe handoff" of a Voluntary Consent to Treatment patient at treatment facilities, the officer should remain at the facility until released by a member of the staff. If the time exceeds 30 minutes, the officer shall contact a supervisor for assistance. The supervisor will respond in person to the facility, assess the facts and work with facility staff to relieve the officer only when the individual is secured or compliant and does not pose an immediate threat to self, staff or others.
  - d. An incident report will be prepared and submitted by the officer regardless of whether the officer does or does not take the person into protective custody and place that person into a treatment facility.

**E. Involuntary Commitment**

1. When a WPD officer takes a person into *custody without a warrant* or court order pursuant to K.S.A. 59-2953 or K.S.A. 59-29b53, the officer shall notify a WPD supervisor for approval. Warrantless detention of a person for mental illness, alcoholism, or substance abuse subject to involuntary commitment shall be reviewed by a Sergeant or higher ranking supervisor before, or as soon as reasonably possible after detention occurs to ensure compliance with the elements indicated in K.S.A. 59-2953 or K.S.A. 59-29b53.

**F. Sedgwick County COMCARE Community Crisis Center**

1. If a mental evaluation is needed and the individual is not physically injured or combative, the officer shall call the Crisis Intervention Services of COMCARE at 660-7500. If the individual requests Veteran's Administration services, see Section I. Otherwise, the officer should provide CIS staff with the name, DOB, and address of the individual and a brief description of the circumstances leading to the police involvement. CIS staff will advise the officer whether to transport the individual to CIS at 635 N Main or direct them to other options. If COMCARE advises to leave the person in place at their home, document the name of the CIS staff member making this decision and include the information in the incident report.
2. An officer may transport a *mentally ill person* to COMCARE. The officer should remain at the COMCARE facility until released by a member of the COMCARE staff. If the time exceeds one hour, the officer shall contact a supervisor for assistance. The supervisor will respond in person to the COMCARE facility, assess the facts and work with COMCARE staff to relieve the officer only when the individual is secured or compliant and does not pose an immediate threat to self, staff or others.
3. COMCARE may evaluate a *mentally ill person* at their facility and determine the subject needs to be transported to Via Christi St. Joseph Hospital for further evaluation. If this occurs, the officer will return to COMCARE and meet with staff to gather any relevant information learned by COMCARE staff. If a reasonable belief standard has been established, a *mentally ill person* may be taken into *custody without a warrant* or a court order, pursuant K.S.A. 59-2953 or K.S.A. 59-29b53. A Sergeant or higher-ranking supervisor should be contacted, as soon as is reasonably possible after detention occurs to ensure compliance with the elements indicated in K.S.A. 59-2953 or K.S.A. 59-29b53.
  - a. If a person is taken into custody in this manner a COMCARE staff member will assist in filling out the Application for Emergency Admission (for Observation and Treatment) form. The officer will check box number 1, and then provide the name and contact of the COMCARE staff member who will be following up on the petition.

**G. Substance Abuse Center of Kansas (SACK) Sobering/Detox Units**

1. If intoxication appears to be the prevailing issue with an individual and the individual is not violent, the officer may call the Substance Abuse Center of Kansas (SACK) Sobering/Detox Units. The officer will provide screening information to the answering staff member to determine if the intoxicated person can be served at the facility. If the person does not meet SACK criteria, or no beds are available, the officer may call DCCA Adult Services & Treatment Centers or if the person meets the criteria for involuntary commitment, proceed to the nearest treatment facility for medical evaluation.

- a. Substance Abuse Center of Kansas (SACK) Sobering/Detox Units  
635 N Main, Wichita, KS 67203  
316-633-4705

#### **H. DCCCA Adult Services Treatment Centers**

1. If intoxication appears to be the prevailing issue with an individual and the individual is not violent, the officer may call DCCCA's Adult Services facilities. The officer will provide screening information to the answering staff member to determine if the intoxicated person can be served at the facility. If the person does not meet DCCCA criteria, or no beds are available, the officer will, if the person meets the criteria for involuntary commitment, proceed to the nearest treatment facility for medical evaluation. DCCCA contact information:

- a. Options (Men)  
122 N Millwood, Wichita, KS 67203  
316-265-6011
- b. Women Recovery Center (Women)  
1319 W. May Street, Wichita, KS 67213  
316-262-0505

#### **I. Veteran's Administration Hospital**

1. Individuals in mental crisis who inform the investigating officer(s) or supervisor, or whose family informs the officer(s) or supervisor, the patient is authorized to receive care through the Veteran's Administration should be taken to the VA ER.
2. Patients who have VA benefits but receive care at other hospitals first are at risk of increased financial responsibility for their care. The patient's family, the officer or a supervisor may, if necessary, confirm the patient's eligibility to be treated at the VA by calling:
  - a. 24 hour / 7 days
    1. Administrator of the Day: 316-651-3614
    2. Urgent Care nurse: 316-685-5581

3. Transport may be made by ambulance if the identified medical condition requires EMT attention.
4. When an officer delivers a *mentally ill person* to the emergency room at the Veteran's Administration Hospital, the officer shall remain with the individual while the ER staff assesses the patient for medical clearance and mental health evaluation. The officer shall stay a reasonable amount of time, not to exceed one hour, until the patient is accepted by the ER staff assessor(s). If the time exceeds an hour, the officer shall contact a supervisor for assistance. The supervisor will respond to the V.A. in person, assess the facts and work with the Veteran's Administration staff to relieve the officer only when the individual is secured or compliant and does not pose an immediate threat to self, staff or others.

**J. Via Christi St. Joseph Hospital**

1. Individuals in mental crisis who require medical attention, physical restraint due to aggressive behavior, and/or who are unable to converse in a coherent manner due to alcohol or drug impairment, (excluding qualified VA patients—see Section I) will be taken to Via Christi St. Joseph ER at 3600 E. Harry.
  - a. Transport may be made by ambulance if an identified medical condition requires EMT attention.
    1. Supervision may also contact EMT supervision and request ambulance transport under extenuating circumstances, (i.e. Sedation is required, soft restraints are needed, etc.). The decision to utilize the ambulance is ultimately up to EMT supervision.
2. When an officer delivers a *mentally ill person* to the emergency room [ER] at Via Christi St. Joseph, the officer shall remain with the individual while the ER staff checks in the individual. The officer will then accompany the *mentally ill person* into the triage nurse's station. The officer will give the triage nurse the details surrounding the transport.
3. If the officer is transporting the *mentally ill person* on a voluntary transport, and there are no other concerns surrounding staff safety, the officer will be free to leave after giving the report to the triage nurse.
  - a. If the officer is transporting a *mentally ill person* that has an Application for Emergency Admission (for Observation and Treatment) filled out through a Mental Health Provider i.e. COMCARE, the transfer procedure will be similar. The Provider requesting the transport will contact Via Christi staff prior to officer transport. The officer will transfer the *mentally ill person* and the Application for Emergency Admission to the triage nurse.

- b. If the *mentally ill person* is combative, or poses a significant safety concern for the ER staff the officer will wait with the subject until Via Christi Security can respond. The officer shall remain with the *mentally ill person* while the ER staff work to safely secure the subject. The officer shall remain for a reasonable amount of time.
4. If the officer has taken custody of a *mentally ill person* as provided under K.S.A. 59-2953, the officer will remain with the subject through triage. Once escorted back to the ER room, the officer will ask to speak with either a Psychiatric Resident, Emergency Department (ED) Social Worker, or the License Specialist Clinical Social Worker (LSCSW). The officer will complete the Application for Emergency Admission (For Observation and Treatment). They will use that ER staff member as the point of contact for the petition should one need to be filed. After it has been completed, and the *mentally ill person* has successfully been transferred to the ER staff the officer should be free to leave unless there are additional concerns the officer needs to address.
5. If the time for medical clearance and mental health evaluation exceeds one hour, the officer shall contact a supervisor for assistance. The supervisor will respond to St. Joseph Hospital in person, assess the facts and work with the Via Christi staff to relieve the officer when the individual is secured, or compliant and does not pose an immediate threat to self, staff or others.
6. If the physician or psychologist on duty at the facility does not believe the person likely to be a *mentally ill person* or a person with an alcohol or substance abuse problem subject to involuntary commitment for care and treatment, and refuses to accept the person, the officer shall return the person to the place taken into custody, or at another place in the same community as requested by the person. If the law enforcement officer believes it is not in the best interests of the person or the person's family, or the general public for the person to be returned to the place the person was taken into custody, then the person shall be released at another place the law enforcement officer believes to be appropriate under the circumstances. If the person demands to be immediately released, the officer will do so. Point of release information shall be included in the IR. The ER staff may call and request an officer to transport as the original officer likely will not be on scene when the determination to release the *mentally ill person* is made.

#### **K. KVC Children's Psychiatric Hospital**

1. KVC Children's Psychiatric Hospital located at 1507 W 21<sup>st</sup> N will be the primary location used when transporting a juvenile age 6 to 17 for evaluations related to Mental Health. KVC is a medical treatment facility and can treat minor injuries relating to self-harm or suicide attempts. (If an 18 year old is in state protective custody at the time of contact with the officer, KVC will conduct a screening and determine if the client will be admitted.) If the juvenile has life



threatening injuries do not transport to KVC, they should be taken to an ER and assessed from there.

2. The officer will call the admissions office at 1-913-890-7468. They will be directed to the Wichita campus and give staff notice they are enroute with a juvenile subject.
3. Upon arrival officers can use the designated secure entrance located on the east side of the building.
4. The juvenile will be escorted into the secure safe room to be cleared by KVC staff.
5. Officers will secure their weapons in the provided secure lock box (optional)
6. The officer will then meet with the KVC staff and provide them a report on the circumstances surrounding the officer contact. Information needed would include Officer Name and ID, case number, guardian or parent information, known diagnoses or medications taken, and details of the crisis situation.
7. Once all the information has been given to staff, they will advise if anything else is needed. If nothing is needed the officer will be released to go. Juveniles in Police Protective Custody and in need of crisis intervention will still be transported to this location for assessment. Once all the information is provided the officer can be released and may not be required to remain on scene. If KVC Staff determine the juvenile is not in need of hospitalization WPD will be called to transport the juvenile to the Wichita Children's Home.

#### L. Reporting Requirements

1. An Incident Report is required on all incidents where a person is reported to be mentally ill or suffering a *mental health/substance abuse emergency*, regardless of whether the officer does or does not take the person into custody or place the person into a treatment facility.
2. Caution Code: An officer may only request initiation of the "Mental" caution code in the Wichita Police Department's Records Management System when:
  - a. The officer submits an incident report for inclusion in the W.P.D. Records Management System (R.M.S.), and
  - b. The report documents the person's condition, and
  - c. The person's condition meets the statutory elements contained in the definition for *Mentally ill person* or *Mentally ill person subject to involuntary commitment for care and treatment*.

3. The case should be classified, or have a secondary sub-classification, of 6300/Mental Cases on the incident report and in the R.M.S.
4. If these requirements are met, the officer will inform Case Desk, either by noting on the handwritten or typed report, or by phone when entering the incident, to initiate the “Mental” caution code in Records Management System.
5. No officer or Records employee should initiate the “Mental” caution code in the Records Management System unless the officer submits, or reports they are submitting an incident report which contains documentation that the person’s condition meets the Kansas statutory definition of *Mentally ill person* or *Mentally ill person subject to involuntary commitment for care and treatment* found in Kansas statute 59-2646.