



2700 SPECIAL CIRCUMSTANCES

This General Order has provisions relating to people who are:

- Deaf or hard of hearing
- Mentally incapacitated or vulnerable adults
- Intoxicated
- Adults or minors with mental disorders
- Extremely agitated due to mental disorder and/or substance use and at risk for sudden death (psychosis and/or excited delirium)

2701 Definitions

- Admitting Officer – A psychiatrist or other physician or psychiatric and mental health nurse practitioner with experience performing psychiatric examinations who has been designated as an admitting officer for the evaluation agency.¹
- Community Bridges, Inc. (CBI) – A private nonprofit corporation that provides substance use treatment including detoxification, emergency counseling, short- and long-term residential treatment, and aftercare for people recovering from addiction. The City of Tucson contracts with CBI to accept and transport intoxicated persons who agree to go to its facility.
- Crisis Intervention Team (CIT) officers – Have completed 40 hours of Crisis Intervention Team training.
- Crisis Line – (520) 622-6000, staffed 24/7, that provides counseling for persons in crisis and dispatches CMTs.
- Crisis Mobile Team (CMT) – A team of mental health professionals who can respond 24/7 to mental health calls. Where the situation is not dangerous, CMT can respond without TPD assistance. Where the potential for danger exists, CMT can co-respond with TPD officers. Officers are encouraged to request CMT respond or co-respond when dealing with people suspected of having a mental disorder. CMT can also help fill out applications for emergency admission. Officers request CMT response by calling the Crisis Line.
- Crisis Response Center (CRC) – A 24/7 facility that:
 - Staffs the Crisis Line, (520) 622-6000, with trained clinicians
 - Operates a mental health facility for emergency, involuntary, and voluntary evaluation and referral of adults and juveniles
- Criteria for Petition for Evaluation/Application for Emergency Admission – Officers may petition for a court-ordered evaluation of a person who meets any of the following four criteria; however, only if a person is a danger to self or others can an

¹ ARS §36-501



application for emergency admission be made.²

- Danger to Self (DTS) – Represents a substantial risk of serious physical harm to themselves, as shown by recent attempts at, or threats of, suicide or serious bodily harm.³
- Danger to Others (DTO) – Represents a substantial risk of serious physical harm to others.⁴
- Persistently or Acutely Disabled – Represents a substantial risk of serious emotional, mental, or physical harm to themselves as a result of a condition that significantly impairs judgment, behavior, or the capacity to recognize reality.⁵
- Gravely Disabled – Represents a substantial risk of serious physical harm to themselves because, as a result of their mental disorder, they are unable to provide for their basic physical needs.⁶
- Department of Child Safety (DCS) – The state agency charged with investigating child abuse and neglect. DCS can assume temporary guardianship to allow a minor to be evaluated by mental health professionals.⁷
- Extreme Agitation Due to Mental Disorder and/or Substance Use – **Is a life-threatening medical emergency** that may involve stimulant drug use (cocaine, methamphetamine, PCP, etc.), abrupt cessation of psychotherapeutic medication, psychosis, or mania. The person may be:
 - Impervious to pain
 - Making animal-like noises
 - Naked or partially clothed, sweating, hot to touch
 - Tireless, with “superhuman” strength
 - Violent toward people and inanimate objects, particularly glass⁸⁹
- Mental Disorder – Substantial disorder of a person's emotional processes, thought, cognition, or memory.¹⁰
- Mental Health Support Team (MHST) – A TPD unit with two primary responsibilities: 1) service of mental health court orders; and 2) proactive intervention with people at high risk for mental health crisis involving danger to self or others, providing them with entry into mental health and/or substance use treatment.

² ARS §36-524

³ ARS §36-501(8)

⁴ ARS §36-501(7)

⁵ ARS §36-501(32)

⁶ ARS §36-501(15)

⁷ ARS §8-821

⁸ American College of Emergency Physicians, ACEP Excited Delirium Task Force, White Paper Report on Excited Delirium Syndrome, 2009 Sep.

⁹ Hall, CA, Excited Delirium, Vancouver Island Health Authority, Victoria, BC, Canada; University of British Columbia, Vancouver, BC, Canada; and University of Calgary, Calgary, AB, Canada

¹⁰ ARS §36-501(25)



- Mentally Incapacitated – Lacks sufficient understanding or capacity to make or communicate responsible decisions concerning their person.¹¹
- Positional Asphyxia – Occurs when the position of the body interferes with breathing, which may result in unconsciousness or suffocation (asphyxiation) and death.¹² For this reason, officers shall place arrestees in the recovery position (sitting up or lying on their side) as soon as practicable.
- Vulnerable Adult – 18 or older and cannot protect themselves from abuse, neglect, or exploitation because of a physical or mental impairment.¹³

2710 COMMUNICATION WITH DEAF AND HARD OF HEARING PEOPLE

2711 General

Department members will provide aids and services to ensure effective communication with people who are deaf or hard of hearing. This includes qualified interpreters, written materials, whether electronic (chat, email, text, etc.) or paper, and other means of making audible material available to individuals who are deaf or hard of hearing.

A qualified interpreter can interpret accurately, expressively, and impartially, using any necessary specialized vocabulary. Because the interpreter must be able to interpret impartially, a family member or friend may not be qualified, due to confidentiality, or emotional or personal involvement. Certification is not required for an interpreter to be qualified.

When a qualified interpreter is used, all reports shall include the name, address, and telephone number of the interpreter. All written questions and responses between officers and persons who are deaf or hard of hearing must be treated as evidence and handled accordingly. A copy of the written questions and responses must be forwarded with the *Incident Report*, and the originals must be placed into evidence. If chat or text is used to communicate, officers may use phone or body-worn camera to capture screenshots of the chat or texts to place into evidence.

2712 Communication Aids or Services

When an aid or service is necessary to ensure effective communication, department members shall:

- Provide an opportunity for the person with a disability to request the aid or service of their choice; and
- Give primary consideration to that choice. Primary consideration means that department members must honor that choice unless they can demonstrate that another equally effective means of communication is available, or that the means chosen would fundamentally alter the service, program, or activity, or impose an undue financial burden.

A list of interpreter services is available on the TPD Wiki.

¹¹ ARS §14-5101

¹² National Law Enforcement Technology Center. Positional Asphyxia—Sudden Death. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. 1995 Jun

¹³ ARS §46-451(A)(10)



2713 Arrest When an Interview Is Not Necessary

A deaf or hard of hearing person may be arrested on probable cause without an interview under the same circumstances as a hearing person. However, if an officer is unable to convey the nature of the criminal charges using written communication or other means, then a qualified interpreter is required and the person should be detained in the field or transported to a department holding cell until a qualified interpreter arrives. A person who is deaf or hard of hearing shall not be booked into jail until they are notified of the criminal charges against them.

2714 Arrest When an Interview Is Necessary

If an officer needs to interview a person who is deaf or hard of hearing to determine whether there is probable cause to make an arrest, a qualified interpreter must be provided if written communication is ineffective. The officer must postpone the interview until a qualified interpreter can be obtained. Exceptions to this policy must be approved by a supervisor and documented in an *Incident Report*.

2715 Interrogation

If an officer cannot effectively inform the person of their Miranda rights without an interpreter, then a qualified interpreter must be provided prior to interrogation.

An officer must obtain the services of a qualified interpreter when needed for effective communication. The officer may proceed with the interrogation if written communication was effective in getting the person to understand their Miranda rights and either A or B applies:

- A) Exigent circumstances do not permit delay in interrogating the person and an interpreter cannot be obtained in a reasonable time frame; or
- B) The person specifically declines the opportunity to communicate through an interpreter.

However, if written communication becomes ineffective (for example, because the fact pattern is complex, or the person is having difficulty communicating without an interpreter), or if the person chooses to stop the interrogation until an interpreter is present, then the officer must stop the interrogation and wait until a qualified interpreter is present before continuing.

2716 Issuing a Non-Criminal Citation

A deaf or hard of hearing person may be issued a non-criminal citation without having been questioned under the same circumstances as a hearing person. However, if an officer is unable to convey the nature of the infraction using written communication or other means, the officer may 1) issue a warning rather than a citation, 2) call a qualified interpreter to the scene, or 3) arrange for the person and a qualified interpreter to meet with the officer later to issue a citation.

2717 Interviewing a Victim or Witness

If an officer is able to communicate effectively by writing questions and having the victim or witness who is deaf or hard of hearing write their responses, the officer may proceed with the interview using written communication. However, if this becomes ineffective, a qualified interpreter must be provided. Exceptions to this policy must be approved by a supervisor and thoroughly documented in an *Incident Report*.



2720 MENTALLY INCAPACITATED OR VULNERABLE ADULTS

2721 General

Officers may call the CRC at (520) 622-6000 to discuss whether CMT response along with, or instead of, police response is appropriate. Unless and until CMT responds without police, their consulting role does not relieve officers of responsibility for dealing with the person, including arranging for transport, etc.

If a mentally incapacitated or vulnerable adult needs care other than EMS, CMT, or CBI, officers will contact the appropriate entities, which may include:

- A guardian, family member, neighbor, or care home
- 211 Arizona (by phone or online at 211arizona.org – formerly Information & Referral Services)
- Adult Protective Services
- Pima Council on Aging

In the absence of other alternatives, transport to a hospital emergency room by ambulance or police vehicle may be the best option for a person suspected of having dementia, as hospital social workers may be able to connect them with services.

Before contacting the Pima County Public Fiduciary's Office (PCPFO) to seek a court order, a supervisor shall review the situation. The PCPFO is used as a last resort.

2722 Supervisor Responsibilities

If the PCPFO is contacted, a supervisor shall ensure that relevant information is obtained and documented to form a factual, legal, and medical basis to seek a court order. The PCPFO form is on the TPD Wiki.

2730 INTOXICATED PERSONS

When circumstances are appropriate and resources are available, officers may deflect people with substance use disorders away from the criminal justice system and toward treatment.

Police action is necessary if an intoxicated person is having a medical emergency (e.g., alcohol poisoning, alcohol withdrawal, or drug overdose). Otherwise, if the person is not breaking any laws, they will be allowed to go on their way.

The Pima County Jail may not accept an intoxicated person charged with a criminal offense without medical clearance. If that happens, officers shall contact a supervisor to determine the need for emergency medical care and whether the person can be cited and released or long formed.

2731 Alcohol Poisoning and Alcohol Withdrawal

Alcohol poisoning, when too much alcohol is consumed too quickly, is a life-threatening medical emergency. If alcohol poisoning is suspected, put the person in the recovery position to prevent choking, monitor breathing, and request EMS transport to hospital.

People with alcohol poisoning may show the following signs/symptoms.



- Clammy skin
- Dulled responses, such as no gag reflex (which prevents choking)
- Difficulty remaining conscious, or inability to wake up
- Extremely low body temperature, bluish skin color, or paleness
- Irregular or slow breathing (10 seconds or more between breaths; fewer than 8 breaths per minute)
- Mental confusion, stupor
- Seizures
- Slow heart rate
- Vomiting¹⁴

Alcohol withdrawal, when a heavy alcohol user suddenly stops drinking, is a life-threatening medical emergency. If alcohol withdrawal is suspected, put the person in the recovery position to prevent choking, monitor breathing, and request EMS transport to hospital.

People with alcohol withdrawal may show the following signs/symptoms.

- Agitation and anxiety
- Hallucinations
- Hand tremors
- Nausea and vomiting
- Rapid heart rate
- Seizures
- Sweating¹⁵

2732 Drug Overdose

Drug overdose, whether the drug is over-the-counter, prescription, or illegal, is a life-threatening medical emergency. If opioids are suspected, or if you come upon someone who is unconscious, administer naloxone every 2 minutes until EMS arrives. If overdose on any drug is suspected, put the person in the recovery position to prevent choking, monitor breathing, and request EMS transport to hospital.

People who are overdosing on opioids may show the following signs/symptoms.

- Choking or gurgling sounds
- Falling asleep or loss of consciousness
- Limp body
- Pale, blue, or cold skin
- Slow, shallow breathing
- Small, "pinpoint pupils"¹⁶

People who are overdosing on cocaine or methamphetamine may show the following signs/symptoms.

¹⁴ National Institute on Alcohol Abuse and Alcoholism, Understanding the Dangers of Alcohol Overdose, 2020 Mar.

¹⁵ Mayo Clinic, Alcohol Use Disorder, <https://www.mayoclinic.org/diseases-conditions/alcohol-use-disorder/symptoms-causes/syc-20369243>

¹⁶ Centers for Disease Control, Preventing an Opioid Overdose Tip Card



- Agitation, anxiety
- Hallucinations
- Psychosis
- Chest pain
- Difficulty breathing
- Increased body temperature (hot to the touch)
- Nausea, vomiting
- Rapid or slow heartbeat
- Seizures, tremors¹⁷

2733 Community Bridges, Inc.

Community Bridges, Inc. (CBI) is a private nonprofit corporation that provides substance use treatment including detoxification, emergency counseling, short- and long-term residential treatment, and aftercare for people recovering from addiction. The City of Tucson contracts with CBI to accept and transport intoxicated persons who agree to go to its facility.

- If alcohol poisoning, withdrawal, or overdose is suspected, put the person in the recovery position to prevent choking, monitor their breathing, and request EMS transport to hospital.
- If alcohol poisoning, withdrawal, or overdose is not suspected
 - Can a family member or friend take responsibility? Officers may transport the intoxicated person to a responsible person's house, if necessary.
 - CBI does not accept patients:
 - Who are violent
 - Who have felony warrants
 - Who do not voluntarily admit themselves for detoxification
 - When the facility is full (contact CBI, (520) 617-5500, to check if space is available)
- If there are special circumstances or no resources available, contact a supervisor.

If transporting to CBI, officers shall not leave until the intoxicated person has been accepted into the facility.

2740 PERSONS IN CRISIS/MENTAL DISORDERS

2741 General

When circumstances are appropriate and resources are available, officers may deflect people with mental disorders away from the criminal justice system and toward treatment. Officers' guiding principles in dealing with people in crisis shall be: 1) providing for the safety of the person, the public, and themselves; and 2) treating the person, and everyone involved, with compassion and respect.

When possible, patrol officers with CIT training will be dispatched to provide direction and guidance at incidents involving a person in crisis or suspected of having a mental disorder.

¹⁷ University of Arizona Family & Community Medicine, Methamphetamine and Other Illicit Drug Education, <https://methoide.fcm.arizona.edu/infocenter>



2742 Procedures

Responding Officer

Officers may call the CRC at (520) 622-6000 to discuss whether CMT response along with, or instead of, police response is appropriate. Unless and until CMT responds without police, their consulting role does not relieve officers of responsibility for dealing with the person, including arranging for transport, etc.

When taking a person with a mental disorder into custody, officers shall identify themselves and tell the person: 1) they are not under arrest; 2) they are being taken to a mental health facility or hospital for evaluation; and 3) the name of the facility or hospital.

Officers shall request a case number and complete an *Incident Report* documenting the voluntary or involuntary detention, as well as names, addresses, and phone numbers of family members, guardians, physicians, and reporting witnesses.

2743 Extreme Agitation Due to Mental Disorder and/or Substance Use (Psychosis and/or Excited Delirium)

Extreme agitation due to mental disorder and/or substance use is a life-threatening medical emergency. Restraining a person in this state can be difficult, as they may be combative, insensitive to pain, and possess unusual strength. Try de-escalation if appropriate; however, it may not be successful in gaining compliance as the person may be unable to make appropriate decisions. Unless the risk of serious physical harm is imminent, officers shall contact a supervisor and wait for backup to arrive before approaching the person.

Once the person is restrained, put them in the recovery position as soon as practicable, monitor breathing, and request EMS transport to hospital.

2744 Transport by Ambulance

A person in crisis may be handcuffed for safety and transported in a police vehicle for involuntary admission; however, officers shall request EMS transport and follow or ride in the ambulance to the hospital or mental health facility when:

- Alcohol poisoning or withdrawal, overdose, extreme agitation due to mental disorder and/or substance use, or another medical emergency is suspected.
- The person has injuries that may require medical treatment. Request EMS respond and, if they determine further evaluation or treatment is necessary, EMS will transport or arrange for transport of the person to a hospital.
- The person is uncooperative, combative, and at risk of injuring themselves. At the request of EMS, officers shall accompany the person in the ambulance. In exigent circumstances (for example, the person is agitated and injuring or possibly injuring themselves, the officer is 15 minutes away from the CRC, and an ambulance is an hour away), officers may transport the person in crisis to the CRC in a patrol vehicle.

If EMS declines or is unavailable to transport, officers shall document that EMS transport was requested and specify whether it was declined or unavailable in an *Incident Report*.



In all other circumstances, the person may be transported to a hospital or the CRC unless a court order specifies another facility or the person requests another facility that agrees to receive them. Officers shall remain at the hospital or mental health facility until medical staff can manage the person in custody, and officers shall request a case number and complete an *Incident Report* regardless of how the person is transported.

When criminal charges are pending, a supervisor shall determine the need for a guard at the hospital.

Tucson Fire Department Protocols Working With Tucson Police Department

Officers should have a basic understanding of TFD's protocols for behavioral health emergencies.

When EMS responds to a TPD call, they will ask for a briefing from officers, after which the person becomes their patient. EMS may ask to see body-worn camera video if they're unsure what happened before they arrived. The person continues to be TFD's patient until one of the following occurs:

- EMS determines they have the capacity to refuse care and they have done so. EMS will get the patient's signature refusing care.
- EMS determines they meet the criteria for BLS transport and patient care is transferred to a BLS crew.
- EMS transports and patient care is transferred to a hospital.

Officers shall remain on scene to maintain safety throughout the encounter with a violent or combative patient. Officers shall ride in the ambulance upon EMS request.

Tucson Fire Department Criteria for Patient Capacity to Refuse Care

To have the capacity to refuse care, a patient:

- Is not a danger to self or others
- Does not appear impaired by alcohol, drugs, or mental illness
 - Currently, EMS screens for this by telling the patient to: repeat three words after me; remember those words; tell me what day it is, what month it is, what year it is; explain to me what happened today. After the patient answers all that, EMS asks them to repeat those three words. A passing score is 5 out of 6, with a point each for day, month, year, and word they remember.
- Has no head injury, abnormal blood pressure (for example, fainting or almost fainting when standing up), or low blood sugar
- Has a Glasgow Coma Scale (GCS) of 15, indicating normal consciousness¹⁸

Being alert and oriented "x 4" (oriented as to person, place, time, and situation) is not sufficient to establish a patient's capacity to refuse care.¹⁹

¹⁸ What is the Glasgow Coma Scale, Royal College of Physicians and Surgeons of Glasgow, <https://www.glasgowcomascale.org/what-is-gcs/>

¹⁹ Care of the Violent or Combative Patient, Joshua B. Gaither, M.D., F.A.C.E.P., Tucson Fire Department, July 2021, <https://arizona.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=155651a5-d512-4050-bf33-ad8000fa0b3d>



EMS is required to explain to the patient what could be wrong, what treatment the paramedic or doctor is offering and why, and what could happen without treatment. They are then required to ask the patient what their decision is about accepting or refusing care and how they reached that decision. The patient must understand what they've been told and be able to explain why they don't want treatment to further establish their capacity to refuse care.

If a patient lacks the capacity to refuse care, they must be taken to a hospital for medical evaluation.

2750 EMERGENCY TELEPHONIC ADMISSION

2751 Criteria for Emergency Admission

If, as the result of mental disorder, the person represents a substantial risk of serious physical harm to themselves (danger to self) or others (danger to others), they meet the criteria for emergency admission.

Officers may decide criteria have been met by acts they observed or by acts another person observed.

2752 Procedures for Requesting Emergency Admission

The CRC shall be called, (520) 622-6000, when the decision to seek emergency admission has been made. The person making the call shall state that an emergency exists and ask to speak to an admitting officer.

Whoever calls the CRC must be able to relate the facts of the situation and the acts of the person. If the officer is not making the call, the officer must listen to the person making the call, speak to the admitting officer, and verify that emergency admission is approved. Officers shall then ensure transport to the CRC.

In exigent circumstances (for example, the person is agitated and injuring or possibly injuring themselves, the officer is 15 minutes away from the CRC, and an ambulance is an hour away), officers may transport to the CRC before receiving approval for emergency admission. Officers must then complete the application at the CRC and document the circumstances and their reasons for not obtaining authorization first in an *Incident Report*.

Note that a parent or guardian's consent is required to obtain emergency admission for a minor unless they are emancipated under ARS §12-2451. If hospitalization is needed and consent is refused, contact DCS.

2753 Procedures for Requesting Involuntary (Non-Emergency) Admission

If a court order specifies a treatment facility, arrange for transport to that facility. If no facility is specified, arrange for transport to the CRC. St. Mary's Hospital and Palo Verde Behavioral Health coordinate with Banner University Medical Center South (BUMCS) in managing petitioned patients. Contact the CRC or BUMCS with any procedural problems.

2754 Non-Emergency Mental Disorder

If available, a CIT officer should respond. When a person is disoriented or distressed but not in danger, officers are encouraged to help reconnect them with their treatment provider in one or more of the following ways.



- Contact the Crisis Line, (520) 622-6000, for consultation and/or to request CMT response.
- Try to contact the person's doctor.
- If the person requests or agrees to go to a local mental health facility, provide or arrange for transport.
- Refer the person to an authorized mental health facility. The following serve adults and minors:
 - CBI – (877) 931-9142, <https://communitybridges/az.org>
 - CRC – (520) 301-2400, www.bannerhealth.com/locations/tucson/banner-university-medicine-crisis-response-center-district
 - Crisis Line – (520) 622-6000 or TDD/TTY (877) 613-2076
 - Palo Verde Behavioral Health Hospital – (520) 322-2888, www.paloverdebh.com
 - Sonora Behavioral Health Hospital – (888) 680-0027, www.sonorabehavioral.com

2755 Revocations

If the person needs to be hospitalized, a medical director can revoke outpatient treatment orally or in writing. Officers do not need a warrant or court order to detain and transport if revocation is oral and directed by a medical director or designee, but they must document the revocation in their *Incident Report*.²⁰

2756 Authority (ARS §36-524, 525)

Provides that peace officers shall apprehend and transport people for emergency admission; may take an apparently seriously mentally ill and/or dangerous person into custody and transport for screening; are required to safeguard personal and real property of the person; and are not subject to civil liability if acting in good faith. **If the risk of serious physical harm is imminent, officers may take the person into custody and transport before seeking emergency telephonic admission.**

2757 Securing Property

Officers seizing a person for evaluation or treatment are responsible for appropriately securing the person's home and property, including where forced entry was made.

2760 DISORIENTED OR DISTRESSED MINORS

The CRC or CMTs can be a resource for law enforcement personnel responding to the needs of disoriented or distressed minors. However, a clinician cannot assess a minor without a parent or guardian's consent. If no parent/guardian is available, or the officer reasonably believes the minor has been the victim of abuse, neglect, physical injury, or a reportable offense, contact DCS, which can assume temporary guardianship and allow the minor to be evaluated by mental health professionals.

- A CIT officer should respond if available.
- With the consent of a parent/guardian, nonviolent and nonemergency minors who are

²⁰ ARS §36-540.01(L)



disoriented or in distress may be taken to a facility that treats minors. Officers may call the Crisis Line, (520) 622-6000, for consultation on emergencies.

- Whenever possible, the parent/guardian shall be notified and should accompany the minor to the facility.
- Minors will not be accepted at an adults-only mental health facility. CBI, the CRC, Palo Verde Behavioral Health Hospital and Sonora Behavioral Health Hospital accept minors as well as adults.
- If the minor is being transported to PCJCC, the CRC, or a hospital, bag and transport all medications prescribed to the minor.
- An *Incident Report* is required.

2761 Procedures for Requesting Emergency Admission of a Minor

Contact the CRC to coordinate emergency admission of a minor. CMT can respond, although it may be preferable for the family or officer to transport the minor to the CRC. Transport to a hospital, including by ambulance, may be most appropriate. If desirable, transport will be arranged through the family. If a minor is or may become violent and medical staff request an officer remain during the evaluation, the officer shall do so.

2770 COURT-ORDERED COMMITTALS

2771 General

A judge may issue an Order for Evaluation, which is valid for 14 days, or a Petition to Revoke Outpatient Treatment and Order to Transport, which is retained in Records for 90 days.

A mental health court order does not give police authority to force entry to serve the order. If there is lawful reason to force entry, consult with a supervisor whenever possible before taking action. Document the circumstances and tactics used to serve the order in an *Incident Report*.

2772 Court Liaison Responsibilities

The Court Liaison Unit is responsible for picking up hard copies of court orders from Superior Court every business day and delivering them to the Records Section.

2773 Records Responsibilities

Mental health court orders are received by MHST and Records. Records enters the information into TWX. When a mental health court order expires, Records purges the order from TWX.

2774 MHST Responsibilities

Upon receipt of a mental health court order, a MHST supervisor enters the information into the MHST logbook. *The Order for Custodial Evaluation Tracking Form* (TPD 2351) is available on the TPD Intranet and shall be kept with the MHST logbook.



2775 MHST Sergeant Responsibilities

Under a sergeant's direction, at least two officers will attempt to locate and serve the person named in a mental health court order. If, after thorough investigation, the person is not located, officers will make periodic checks of friends, family, and known hangouts as time permits. Unsuccessful attempts will be documented in an *Incident Report*.

A sergeant shall make the decision that service will not be possible due to one of the following:

- The order has expired
- Unable to locate the person and no viable leads

The reason shall be documented in the MHST log and on the tracking form (TPD 2351).

2776 Service of the Order

When the person is located, the court order shall be confirmed through Records and the person transported to the hospital or mental health facility specified in the order, or to the CRC if no hospital or facility is specified. An *Incident Report* documenting the incident shall be completed and turned in to Records. The UCR classification of the supplemental reports is Mental Cases Transported to Treatment Facility (41.03).

2780 PATIENTS AWAY WITHOUT LEAVE (AWOL) FROM A HOSPITAL

2781 General

Under ARS Title 36, Chapter 5, police officers may be contacted to help return patients to the hospital who have gone AWOL.

2782 Previously Voluntary Patients Now Considered Dangerous

If an AWOL patient is a danger to self or others, the Medical Director of the facility or their designee may ask police to locate, apprehend, and transport the person for emergency admission.²¹ The patient need not be present. Once oral or written authorization is received, officers have legal authority to locate, apprehend, and transport the patient for evaluation.

2783 Patients Under Court Order for Evaluation or Treatment at an Inpatient Facility

If a patient under court order for evaluation or treatment goes AWOL, police will be notified and asked to locate, apprehend, and transport the patient to the facility to complete evaluation or treatment. The request may be made orally, with officers receiving a copy of the court order when they return the patient to the facility.

2784 Revocation of Patient's Conditional Outpatient Order

ARS §36-540.01 provides the hospital Medical Director with the option to order outpatient treatment as an alternative to court-ordered inpatient treatment.

When the Medical Director revokes this option, orally or in writing, hospital personnel may ask police to locate, apprehend, and transport the patient to the hospital for evaluation and treatment.

²¹ ARS §36-544

**TUCSON POLICE DEPARTMENT
GENERAL ORDERS**



**VOLUME 2
GENERAL OPERATING
PROCEDURES**

Revised September 2021

2700 SPECIAL CIRCUMSTANCES
Issued May 2001

The request for apprehension remains valid for the duration of the order for inpatient commitment.

Officers must obtain the necessary information for revocation: the name of the doctor revoking outpatient treatment, the doctor's contact information, and the facility listed in the order. After obtaining this information, officers shall transport or arrange transport via ambulance of the person to the facility specified in the order.