

	KANSAS CITY MISSOURI POLICE DEPARTMENT	DATE OF ISSUE	EFFECTIVE DATE	NO.
	PROCEDURAL INSTRUCTION	12/31/2025	12/31/2025	25-08
SUBJECT			AMENDS	
Persons with a Mental Health Crisis, and/or Substance Abuse				
REFERENCE		RESCINDS		
RSMo 631.120; 631.105; 632.300; 632.305.3; 632.005.10.b; 632.475 P.I. Arrest Guidelines/Procedures; Patrol Procedures; Operation 100/Negotiator Response		P.I. 17-02		

I. INTRODUCTION

These guidelines will assist members in supporting persons exhibiting a mental health crisis, and/or suffering from substance abuse, including persons that have displayed an imminent likelihood of causing serious harm to themselves, others, or property.

II. TERMINOLOGY

- *A. **Altered Mental Status (AMS)** – change in average mental function.
 1. **Mental Health Crisis** - A significant disturbance in an individual’s normal cognition, emotional regulations, or behavior, often associated with distress or impairment in important areas of functioning that can last for an indeterminate amount of time.
 2. **Substance Abuse** - Overindulgence in or dependence on an addictive substance, especially alcohol or drugs, which induces a mental, emotional, or physical impairment and causes social dysfunctional behavior.
- *B. **Emotionally Disturbed Person (EDP)** - A person in a crisis situation who displays an emotional and/or behavioral status that impacts the person’s ability to effectively recognize, interpret, control, and express fundamental emotions.
- *C. **Likelihood of Serious Harm**- A substantial risk that a person will cause physical harm to themselves, another person, or damage to another person’s property. Evidence there is a likelihood of serious harm may include:
 1. Threats or attempts to complete suicide or harm themselves;
 2. Behavior that has physically harmed someone in the past, or makes a person reasonably fear they will be physically harmed;
 3. Behavior that has caused substantial damage in the past; or
 4. A threat to someone else’s physical safety, if the person making the threat has a history of one or more violent acts.
- *D. **Imminent** - An impending action or decision that is likely to occur at any moment and is not distant or remote.

- *E. **Involuntary Detention** – A sworn member (member) believes the person may, as a result of a mental health crisis, be at risk of self-harm or harm to others, transport the person to a mental health facility (facility) or emergency department (hospital) to complete an evaluation for a period up to but not to exceed 96-hours excluding weekends or holidays (RSMo 631.120, 632.305.3).
- *F. **Mental Health Provider** – A health care professional acting in good faith, who identifies and treats mental health conditions using therapeutic techniques based on specific training programs.
- G. **Specialty Courts** - Courts within the Municipal and State Court system specializing in veteran treatment, mental health, substance abuse, or other specialty services.
- *H. **Voluntary Admission** – An adult person, a parent for a minor, or a guardian (court appointed adult) for a “ward”, may admit themselves for treatment as a voluntary person (RSMo 631.105).

III. POLICY

- A. A sergeant will be notified on all calls involving an EDP and will respond, if available.
- B. The primary member on the call will be responsible for the completion of any reports unless otherwise directed by the CIT Section Officer.
- C. Members will complete a Mental Health/Crisis Intervention Team Report, Form 459 P.D. (Form 459 P.D.) for all incidents involving a person suffering from an AMS.
- D. The Form 459 P.D. will be completed even if the person is not transported to a treatment facility.
- *E. Any other reports taken as a result of the incident will require an original CRN. The Form 459 P.D. **will** have an original CRN.

IV. TABLE OF ANNEXES

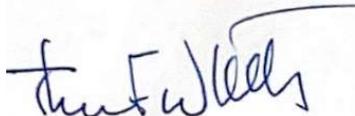
This directive is divided into the following annexes:

- Annex A** - Persons Exhibiting a Crisis
- Annex B** - Intoxicated Persons
- Annex C** - Crisis Intervention Team (CIT)
- Annex D** - Behavioral Health Facility Holds
- Annex E** - Mental Health Probate Warrant
- Annex F** - Emotionally Disturbed Person Designation in MULES
- Annex G** - Resources



Stacey Graves
Chief of Police

Adopted by the Board of Police Commissioners this 16th day of December, 2025.



Thomas Whittaker
Board President

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PERSONS EXHIBITING A CRISIS

A. Person with an Altered Mental Status (AMS)

*1. Interacting with Persons in an AMS

- a. Members should make reasonable modifications and utilize de-escalation techniques whenever safe and appropriate to assist persons experiencing an AMS.
- b. Reasonable modifications include but are not limited to:
 - (1) Creating increased distance.
 - (2) Gathering as much information from friends and family, when possible, to aid communication with the person in crisis.
 - (3) Utilizing slower movements while providing reassurance that officers are there to help.
 - (4) Using truthful statements to avoid further agitation, e.g., “I am not seeing what you are seeing, but I believe that you are seeing (the hallucination, etc.).”
 - (5) Encouraging the use of the 988 Lifeline if the person in crisis has immediate access to a phone and would like to speak to a mental health provider.

2. Involuntary Detention

- a. Conduct an investigation into the facts for the basis of involuntary detention.
- b. Have independent probable cause based on the member’s observations and/or investigation that:
 - (1) Such person is suffering from an AMS.
 - (2) The likelihood of serious harm to themselves or others is imminent unless the person is immediately taken into custody.
- c. After determining it necessary to take the person into custody because of an AMS, the member will:

- (1) Transport them to a hospital or facility.
 - (2) Complete the Form 459 P.D. based on the investigation, to include the names and contact information for all persons involved.
 - (a) Any additional report(s) will have the case report number printed in the designated area or at the top right corner of the page, when an area is not assigned.
 - (b) Members will ensure the additional reports are scanned into the automated report writing system and forwarded to the CIT Section.
 - (3) Encourage persons involved to respond to the treatment facility and complete an Affidavit for Detention, Evaluation and Treatment/Rehabilitation, DMH Form 142 (DMH Form 142).
- d. In order to transport a juvenile (17 and under), a parent and/or legal guardian must accompany the juvenile to the facility for purposes of admittance into the facility.
- (1) If a parent and/or legal guardian will not go to the facility, the juvenile will not be transported.
 - * (2) Members will complete an Authorization to Provide Alternative Care, CS-33 (CS-33) form to authorize emergency protective custody when a member, in good faith, without the approval of the parent and/or legal guardian believes a juvenile is in imminent danger of suffering serious physical harm, abuse, neglect, or a life threatening emergency.
 - (a) A member will request Emergency Medical Service (EMS) or transport the juvenile to a facility or hospital.
 - (b) Members will notify the Missouri Child Abuse and Neglect Hotline. The hotline reference number will be added to the narrative of the report.
- e. Members will refrain from forcing entry to seize an individual when the person in question does not pose an imminent risk of serious physical harm to others.
- f. Members will use guidelines outlined in the current written directive entitled, "Operation 100/Negotiator Response," before making entry for persons experiencing a mental health crisis.

- g. If a mental health provider is on scene or has information regarding the person, the member will include the information in the Form 459 P.D.
 - (1) The mental health provider must complete the DMH Form 142 prior to a member taking the person into custody and transporting them to a hospital or facility.
 - (2) The member will reference the DMH Form 142 in the Form 459 P.D. The member should include any other observations, facts, witnesses, or other statements.
- h. Submit the following reports to the treatment facility:
 - (1) Completed Form 459 P.D.
 - (2) DMH Form 142 and/or CS-33, if completed.
- i. The member will place the original Form 459 P.D. in the designated location at their division station to be forwarded to the CIT Section.

3. Voluntary Admission

If an individual wishes to voluntarily admit themselves to a facility, the member will:

- a. Arrange transportation for the person, to include, but not limited to:
 - (1) EMS,
 - (2) Self Transport,
 - (3) Friend, Relative, or
 - (4) Courtesy ride by the responding officer.
- b. Respond to the hospital or facility to complete the Form 459 P.D., detailing actions of the person. This is done so the facility has an accurate depiction of the events, in case the individual decides to walk away prior to treatment.
- *c. Persons who are actively completing self-harm that is intended to result in death, e.g., standing on the ledge of a bridge, cutting their wrist, etc. **do not** meet the criteria for voluntary admission even when cooperative with officers.

B. Offenses Committed by Mental Health Patients

1. When dispatched to a facility regarding an offense committed by a patient, the member will:
 - a. Complete the appropriate report(s).
 - b. Complete a Form 459 P.D.
 - c. Issue a summons for municipal cases when appropriate. A member may request the case be assigned to a specialty court in the narrative section of the summons.
 - d. The member will notify the investigative element and document the member's name and time of notification on the appropriate report.
 - e. Notify the on-call CIT Section Supervisor, or designee, from the scene.
2. Use discretion in making a custodial arrest based on the overall condition of the person and the recommendations of the treating caregivers.

C. Transporting

- *1. For persons requiring involuntary detention, members will make the final determination to which facility or hospital the person will be transported, unless EMS deems life-saving measures are needed.
2. For voluntary admissions **only**, members may transport to a facility across city or state lines as long as the facility is within a reasonable distance and a sergeant has been notified. Members should use their best judgment in the event that the person is unpredictable.
3. Members shall not place a police hold on the person unless a warrant exists.
4. For officer safety purposes, members may request additional assistance upon their arrival at the receiving facility to assist in handling an uncooperative person.
5. Admitting personnel may request a member to accompany a person in crisis who exhibits violent tendencies to another location within the facility. The member may request additional members if necessary.
6. Requests for a police response to transport a person from a facility to their home or other location should only be honored if the initial referral was generated by the Department.

INTOXICATED PERSONS

- A. Members may release an intoxicated person:
 - 1. To a responsible friend or relative at the scene,
 - 2. Arrange for alternate transportation if a person is agreeable, or
 - 3. Transport the person to a patrol division if arrangements have been made for a friend or relative to pick up the person.
- B. Members will use good judgment and discretion in choosing any of these options.
- C. Additional options available to members include the use of alcohol detoxification facilities which accept individuals for voluntary admission. The procedure for admission requires telephoning the facility prior to transporting.
- D. If the person is too incapacitated to stand, walk unsupported, or respond to the member's requests, EMS should be notified to transport the individual for medical attention. The determination as to the appropriate hospital will be left to the discretion of EMS.

CRISIS INTERVENTION TEAM (CIT)

- A. The CIT program provides a specialized approach to incidents involving an individual with an AMS. This program utilizes sworn and non-sworn members who have been specifically trained for responding to these situations.

- B. CIT Officer(s) will:
 - 1. When possible, be dispatched to incidents involving a party experiencing an AMS.
 - 2. Be available to handle all other calls when not responding to calls involving a mental health crisis.

- *C. CIT Section Officer(s) will:
 - 1. Conduct follow-up on the person(s) who have been in contact with the police where an original Form 459 P.D. was completed.
 - 2. Be assigned to each division station.
 - 3. Provide 24/7 support (on-call) to members, e.g., facility recommendations, assistance in overall outcome for the person, etc.

BEHAVIORAL HEALTH FACILITY HOLDS

- A. A person in need of mental health care who has a police hold for a state warrant(s)/charge(s), should be taken to the closest hospital or facility.
 - 1. Upon discharge from the hospital or facility, the person may be admitted in-patient to a secondary facility.
 - 2. A police hold will be placed on the person by:
 - a. Notifying hospital staff, the person has pending state warrant(s)/charge(s), and
 - b. Indicating the reason for the hold on the Form 459 P.D.
 - 3. A member will be required to stay with the person on all felony holds until they are discharged from the hospital or admitted to a facility.
- B. A person in custody for a charge on a citation, summons, or municipal warrant may be priority released medical when the person requires mental health care.
- C. When a person with a police hold walks away from a facility:
 - 1. Officials at the facility will notify the Communications Unit.
 - 2. The Communications Unit will contact the investigative element who issued the police hold to verify the hold and issue a broadcast for the return of the person.

MENTAL HEALTH PROBATE WARRANT

*A. General Information

1. Evaluation, and Treatment/Rehabilitation, Form MH-156 (Form MH - 156) is an application completed by a facility and submitted to the courts for issuance of a probate warrant (warrant) for involuntary admission of treatment up to 96 hours.
 - a. A court ordered warrant signed by a judge allowing members to take an individual into custody involuntarily and transport them to the nearest hospital, unless otherwise specified (RSMo 632.300, 632.475).
 - b. A Form MH - 156 is valid for ten (10) days. Upon expiration, a new warrant must be issued.
2. When a person has been incarcerated in a mental health facility following acquittal of a criminal charge on the grounds of mental health disease or defect and that person completes treatment, a trial or conditional release may be granted by the facility.
 - (a) Facility personnel can revoke a previously granted release and request law enforcement personnel to apprehend and return the person to the facility through the completion of a Notice of Revocation of Conditional Release.
 - (b) A Notice of Revocation of Conditional Release is a warrantless arrest, therefore if no probable cause for arrest exists, the person does not meet the criteria for involuntary detention, and the person refuses transport, the person will not be transported back to the hospital or facility.
 - (c) The facility will need to file for a new warrant.

B. A warrant, whether issued locally or through an outside agency, should be verified by:

1. Conducting a computer check,
2. Confirming with the warrant desk, or
3. Contacting the county sheriff's department who issued the warrant if the paperwork is not available.

- C. Following verification of the warrant, the member will transport the individual directly to the nearest hospital or facility.
 - 1. If during the apprehension process the person commits a criminal act, the person will still be transported directly to the nearest hospital or facility.
 - 2. The member will contact the appropriate mental health official to inform them that there is probable cause to believe the person in custody has committed a crime and request that a police hold be placed on the person. An arrest number is not issued until the person is actually in custody at a department detention facility.
- *D. The member will complete a Form 459 P.D., noting the facility the person was transported to, any observations, the warrant number, the date/time, and who was notified at the warrant desk.
- E. The facility will need a copy of the warrant before the person is admitted. The county sheriff's office or the probate division can electronically provide a copy of the warrant to the facility.
- F. The Warrant Desk will be contacted for cancellation of the warrant.

EMOTIONALLY DISTURBED PERSON DESIGNATION IN MULES

A. General Information

1. In an effort to help notify members they are dealing with an EDP, persons that meet the below criteria may be identified in MULES as an EDP.
2. The EDP designation provides a history of the person who has attempted to harm themselves, others, or have made threats of suicide by officers. The history will notify members the person they are dealing with might require additional caution and special care.

B. Designation Procedures

- *1. If a member wishes to designate a person as an EDP in MULES, the member will complete a Mental Health/Crisis Intervention Team (CIT) Report, Form 459 P.D., or a Field Interview Report (FIR) in the automated report writing system.
 - a. The member will complete a MULES Flag Request and attach all supporting documentation, e.g., Form 459 P.D., copy of Court Order, etc.
 - b. The CIT Commander, or designee, will review the request for determination as to whether the criteria is met and which designation(s) should be entered into MULES.
2. Upon approval, the request will be forwarded to the Information Services Division, who will ensure the MULES entry is made.

C. Designation in MULES

Once a person has been approved to be listed as an EDP in MULES, the following designation will be entered in the miscellaneous field of the MULES record based upon the approved criteria:

1. "EDP – Threat to harm self"
2. "EDP – Threat to harm others"
3. "EDP – Threat of suicide by officer"
4. "EDP – Past history of more than one hold in twelve months"

D. Verification/Purge Procedures

To ensure that the EDP designation of a person is current and accurate, a verification/purge will be conducted every two (2) years. The following are the procedures to verify/purge EDP designations:

1. Each January of odd numbered years (beginning in 2017), the CIT Commander, or designee, will request that Information Services Division have MULES complete a computer dump of all persons labeled as an EDP in the system.
2. The Community Services Unit Commander, or designee, will be responsible for reviewing all names to determine if they will remain in the system for another two (2) years.
 - a. To remain in the system, an EDP must have met one of the criteria listed in the written directive within the past 24 months.
 - b. A Form 459 P.D., or applicable Incident Report must have been completed on the person within the past 24 months or a court order pertaining to the person must have been issued within the past 24 months.
3. The Community Services Unit Commander, or designee, will provide the Information Services Division with a list of those names that should have the EDP designation removed.

RESOURCES

A. Facilities that offer mental health services for adults:

1. **University Health (UH) (Formerly TMC)**

A member or the dispatcher will notify the UH Clinical Manager and advise them a person is being transported to their facility. Information such as if the person has displayed violent or belligerent behavior should be relayed.

UH provides inpatient and outpatient mental health services. UH specializes in caring for serious and persistent mental illness for adults, children and families.

2. **Research Medical Center**

Members should notify Research Psychiatric Center before the person is transported to this facility. Severely intoxicated persons must go to an emergency room before they are accepted at the Research Psychiatric Center.

3. **Kansas City VA Medical Center (KCVAMC)**

Members will notify the KCVAMC Police prior to arrival to confirm the person's eligibility. If it is before 1600 hours Monday - Friday the person can be transported to the emergency room or the main mental health clinic. After 1600 hours and weekends the person will need to be transported to the emergency room.

4. **Saint Luke's North Hospital**

Saint Luke's North Hospital offers comprehensive mental health services, including psychiatric assessment and inpatient treatment for adolescents (ages 12 and older), adults, and geriatric patients. The facility will accept involuntary admissions.

*5. **Saint Luke's Hospital (Plaza)**

Saint Luke's Hospital (Plaza) offers mental health services for patients through the emergency services department. Adolescents 17 years and younger will require a legal guardian be present for treatment unless a CS-33 has been completed.

*6. **Saint Joseph's Medical Center**

*7. **North Kansas City Hospital**

B. Facilities that offer mental health services for geriatrics:

1. **University Health-Lakewood,**

UH-Lakewood will not be used if the mentally disturbed person exhibits violent/aggressive behavior or if an imminent likelihood of serious physical harm to themselves or others exists. Prior to transportation, UH-Lakewood should be contacted to determine if adequate staffing is available.

2. **Research Medical Center**

C. Facilities that offer mental health services for juveniles:

1. **Crittenton Children's Center** (All ages)
10918 Elm Ave., Kansas City, Missouri.

2. **Saint Luke's North Hospital** (12 years of age and older)
601 S. 169 Highway, Smithville, Missouri.

3. **Research Psychiatric Center** (12 years of age and older)
2323 E. 63rd Street, Kansas City, Missouri.

4. **Children's Mercy** (17 years of age and younger)
2401 Gilliam Road, Kansas City, Missouri. Only to be used if all other facilities are full.

*D. Facilities that offer services for alcohol detoxification:

1. **Heartland Center for Behavioral Change**

2. **Kansas City Assessment and Triage Center (KCATC) – ReDiscover**

*E. Additional Resources:

1. **988 Lifeline**

When a person(s) calls, texts, or chats with the 988 Lifeline, they are connected to a trained crisis counselor who are part of the existing 988 Lifeline network made up of over 200 local crisis centers. These crisis counselors are trained to provide **free** and confidential emotional support and crisis counseling to people in suicidal crisis or emotional distress and connect them to resources. These services are available twenty-four (24) hours a day, seven (7) days a week, across the United States.