



KANSAS CITY MISSOURI POLICE DEPARTMENT

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**PROCEDURAL INSTRUCTION**

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SUBJECT

Persons with Mental Health Disorder, Alcohol Abuse, and/or Drug Abuse

AMENDS

REFERENCE

RSMo 631.120; 632.305.3; 632.005.10.b  
P.I. Arrest Guidelines/Procedures; Patrol Procedures;  
Operation 100/Negotiator Response

RESCINDS

P.I. 09-4  
D.M. 13-9  
D.M. 14-9

**I. INTRODUCTION**

This Procedural Instruction contains guidelines for dealing with persons exhibiting a mental health disorder, alcohol abuse, and/or drug abuse, including persons that have displayed an imminent likelihood of causing serious physical harm to themselves or others.

**\*II. TERMINOLOGY**

- A. **Agitated/Excited Delirium** - A state of extreme mental health and physiological excitement, characterized by extreme agitation, hyperthermia, extreme tearing of the eyes, hostility, exceptional strength, and endurance without fatigue.
- B. **Alcohol Abuse** – The use of any alcoholic beverage which results in intoxication or in a psychological or physiological dependency from continued use, which dependency induces a mental, emotional or physical impairment and which causes socially dysfunctional behavior.
- C. **Drug Abuse** - The use of any drug without compelling medical reason, which results in a temporary mental, emotional or physical impairment and causes socially dysfunctional behavior, or in psychological or physiological dependency resulting from continued use, which dependency induces a mental, emotional or physical impairment and causes socially dysfunctional behavior.
- D. **Emotionally Disturbed Person (EDP)** – A Kansas City Missouri Police Department (KCPD) designation to refer to a person in a crisis situation who displays an emotional and/or behavioral disability that impacts the person’s ability to effectively recognize, interpret, control, and express fundamental emotions.
- E. **Likelihood of Serious Harm** - Any one or more of the following, but does not require actual physical injury:
  - 1. Substantial risk that serious physical harm will be inflicted by a person upon their own person, as evidenced by recent threats or attempts to commit suicide or inflict physical harm upon themselves. Substantial risk may also include information about patterns of behavior that historically have resulted in serious harm previously being inflicted by a person upon themselves; or

2. Substantial risk that serious physical harm to a person is occurring or will result because of an impairment in their capacity to make decisions with respect to need for treatment as evidenced by their current mental disorder, which results in an inability to provide for their own basic necessities of food, clothing, shelter, safety or medical care. Substantial risk may also include information about patterns of behavior that historically have resulted in serious harm to persons because of their mental disorder which resulted in their inability to provide for their basic necessities; or
  3. Substantial risk of serious physical harm will be inflicted by a person upon another as evidenced by recent overt acts, behavior or threats, which have caused harm or which would place a reasonable person in fear of sustaining such harm. Substantial risk may include information about patterns of behavior that historically have resulted in physical harm previously being inflicted by a person upon another person.
- F. **Mental Health/Crisis Intervention Team Report, Form 459 P.D.** – This revised form combines the Mental Health Report and Crisis Intervention Team Report. When the sworn member is a Crisis Intervention Team (CIT) trained officer, they will check the appropriate box on the signature line. By checking the “yes” box, this form serves the same purpose as the previous Crisis Intervention Team Report. All other members will check the “no” box.
- G. **Mental Health Disorder** – Any organic, mental or emotional impairment which has substantial adverse effects on a person’s cognitive, volitional or emotional function and which constitutes a substantial impairment in a person’s ability to participate in activities of normal living.
- H. **Specialty Courts** - Courts within the Municipal and State Court system that specialize in veteran treatment, mental health, and drug abuse.

**\*III. POLICY**

- \*A. A sergeant will be notified on all calls involving an EDP and will respond if available.
- B. The primary sworn member on the call will be responsible for the completion of any reports not completed by the CIT member.
- C. Sworn members will obtain an original Case Report Number (CRN) and complete a Mental Health/Crisis Intervention Team Report, Form 459 P.D. for:
  - \*1. All incidents where a reason for the call is the person is suffering from:
    - (a) A mental health disorder,

(b) Alcohol abuse, and/or

(c) Drug abuse.

\*2. A person in crisis resulting in a call for police service.

\*3. A person who has repeatedly reported an offense and based on an objective analysis, the reports appear to stem from the person suffering from a mental health disorder.

\*4. A person who goes into crisis as a result of being the victim of a crime.

\*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. may be supplemental to the original CRN.

#### IV. TABLE OF ANNEXES

This directive is divided into the following annexes:

**Annex A** - Persons Exhibiting a Disorder

**Annex B** - Intoxicated Persons

**Annex C** - Crisis Intervention Team (CIT)

**Annex D** - Mental Health Facility Walkaways

**Annex E** - Mental Health Probate Warrant

**Annex F** - Emotionally Disturbed Person (EDP) Designation in REJIS

**Annex G** - Care Trak

**Annex H** - List of Facilities

Darryl Forté  
Chief of Police

Adopted by the Board of Police Commissioners this \_\_\_\_ day of \_\_\_\_\_ 2017.

Leland Shurin  
Board President

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**PERSONS EXHIBITING A DISORDER**

- \*A. Person(s) with Agitated/Excited Delirium
  - 1. Sworn members responding to incidents involving a person suffering from a mental health disorder, alcohol abuse, and/or drug abuse must be aware that the individual may exhibit signs of agitated/excited delirium.
  - \*2. A sergeant will respond, if available, on all calls involving a person who exhibits signs of agitated/excited delirium.
  - 3. If a person appears to be exhibiting signs of agitated/excited delirium, members will request Emergency Medical Services (EMS) personnel to respond to the scene. The sworn member will also request that a field supervisor and commander respond.
  - \*4. A person exhibiting signs of agitated/excited delirium will not be transported to detention unless the person is under arrest and the person is cleared by EMS or medical personnel.
  
- \*B. Person(s) with a Mental Health Disorder, Alcohol Abuse, and/or Drug Abuse
  - 1. Prior to taking a person into custody for involuntary detention and transporting to a treatment facility, the sworn member will:
    - a. Conduct an investigation into the facts used as a basis for the involuntary detention.
    - b. Have independent probable cause based on the sworn member's observations and/or investigation that:
      - (1) Such person is suffering from a mental health disorder, alcohol abuse, and/or drug abuse, and
      - (2) The likelihood of serious harm to themselves or others is imminent unless the person is immediately taken into custody.
    - c. Refuse to force entry to seize an individual when:
      - (1) They believe the person in question does not pose an imminent risk of serious physical harm to themselves or others, or
      - (2) The mental health provider, on the scene, does not possess the appropriate Department Mental Health (DMH) forms for the sworn member to take the

person into custody and transport him/her to an appropriate facility.

\*2. Involuntary Admission

- a. Once the sworn member has determined to take the person into custody because of a mental health disorder, alcohol abuse, and/or drug abuse, the sworn member will:
  - (1) Transport them to a mental health or substance abuse facility or any emergency room.
  - (2) Encourage family or friends who witnessed the behavior to respond to the treatment facility and complete an Affidavit (DMH Form 142).
  - (3) Complete the Mental Health/Crisis Intervention Team Report, Form 459 P.D., based on the investigation.
    - (a) The form should include the names and contact information of any witnesses.
    - (b) If a CIT member assists, the CIT member will complete the Form 459 P.D., and check the appropriate box indicating they are a CIT member.
- b. In order to transport a juvenile (17 and under), a parent and/or legal guardian must accompany the sworn member to the facility for purposes of admittance into the facility. If a parent and/or legal guardian will not go to the facility, the sworn member will not transport the juvenile.
- c. If a mental health provider is on scene or has information regarding the person, the sworn member will include the information in the Form 459 P.D.
  - (1) The mental health provider must complete the Department of Mental Health "List of Witnesses" (DMH Form 137) and "Affidavit" (DMH Form 142) prior to a sworn member taking the person into custody and transporting them to a facility.
  - (2) The sworn member should reference in the Form 459 P.D. the additional DMH Form 142 and DMH Form 137. The sworn member should include any other observations, facts, witnesses, or other statements.

- d. Complete all other required incident reports.
  - (1) Sworn members may use the narrative from the Form 459 P.D., or any of the State forms entitled,
    - \* (a) "Application for 96 Hour Imminent Harm Admission to Mental Health/Alcohol and Drug Abuse Facility" (DMH 132),
    - (b) The "List of Witnesses" (DMH Form 137), and
    - (c) The "Affidavit" (DMH Form 142).
  - (2) The sworn member will write in the narrative portion of the incident report, "For further details see the additional report(s)" and list the additional reports.
  - (3) 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.
  - (4) Sworn members will ensure the additional reports are scanned into Intellivue.
- e. Submit the following reports to the treatment facility:
  - (1) Mental Health/Crisis Intervention Team Report, Form 459 P.D.
  - (2) DMH Form 137 and DMH Form 142, if completed.
- f. The sworn member will forward copies of all reports to the Division CIT coordinator.

\*3. Voluntary Admissions

If an EDP wishes to voluntarily admit themselves to a mental health facility, the sworn member must still respond to the mental health facility and complete a Mental Health/Crisis Intervention Team Report, Form 459 P.D., detailing the actions of the EDP. This is done so the mental health facility has an accurate depiction of the events in case the EDP decides to walk away prior to treatment.

\*C. Municipal Court Transports

- 1. The court prosecutor or mental health provider will notify the Communications Unit and request that a sworn member respond to investigate whether a person should be taken into custody for involuntary detention and/or transportation to an appropriate treatment facility.

2. Efforts will be made to dispatch a CIT member.
3. The sworn member will follow the procedures set forth in Annex A, Section B of this written directive.
4. The sworn member will note on their activity sheet the name of the person who took custody of the person.

D. Offenses Committed by Mental Health Patients

1. When dispatched to a mental health facility regarding an offense committed by a patient, the sworn member will:
  - a. Complete the appropriate report.
  - \*b. Issue a summons for municipal cases when appropriate. A CIT member may request the case be assigned to a Specialty Court in the narrative section of the summons.
  - c. Contact the appropriate investigative element on state cases.
  - d. Use discretion in making a custodial arrest based on the overall condition of the person and the recommendations of the treating caregivers.
2. The sworn member will notify the investigative element and document the member's name and time of notification on the appropriate report.

E. Transporting

- \*1. Person(s) suffering from a mental health disorder, alcohol abuse, and/or drug abuse or persons taken into custody for mental health evaluation and/or treatment will be taken by the sworn member or by Emergency Medical Service (EMS) directly to one of the facilities listed in Annex H, a hospital emergency room, or to their provider, except when there are complaints or visible signs of physical injury.
- \*2. For voluntary commitments only, sworn members may transport to a facility across city or state lines as long as the facility is within a reasonable distance and their sergeant has been notified. Sworn members should use their best judgment in the event that the person is unpredictable.
3. Sworn members shall not place a police hold on the person unless a warrant exists.
4. For officer safety purposes, sworn member(s) may request additional assistance upon their arrival at the receiving facility to assist in handling an uncooperative person.

5. The sworn member having the most knowledge of the circumstances shall follow the procedures set forth in Annex A, Section B.
6. Admitting personnel may request a sworn member to accompany a mentally or emotionally disturbed person who exhibits violent tendencies to another location within the facility. The sworn member(s) may request additional sworn members if necessary.
7. Requests for a police response to transport a person from a mental health facility to their home or other location should only be honored if the initial referral was generated by the police department.

\*F. Disposition Codes

The following disposition codes will be utilized when **ALL** members clear from any type of a call that involves an EDP:

1. EDP – To be utilized when a report is not completed. (Example: “I am 10-8, EDP.”)
2. EDPR – To be utilized when a Mental Health/Crisis Intervention Team Report, Form 459 P.D. or any other report is completed. (Example: “I am 10-8, EDPR.”)

**INTOXICATED PERSONS**

- A. Sworn members may release an intoxicated person to a responsible friend or relative at the scene, arrange for a taxi if a person is agreeable, or transport the person to a patrol division if arrangements have been made for a friend or relative to pick up the person. Sworn members will use good judgment and discretion in choosing any of these options.
- B. Additional options available to sworn members include the use of the alcohol detoxification facilities which accept indigent and drug abuse referrals for voluntary admission. The procedure for admission requires telephoning the facility prior to transporting.
  - 1. **Heartland Center for Behavior Change** 866-242-6670, 1534 S. Campbell Street, Kansas City, Missouri.
  - 2. **Missouri Shield of Service (MOSOS) (Salvation Army)** 816-483-2281, 5100 E. 24<sup>th</sup> Street, Kansas City, Missouri.
  - 3. **ReStart** 816-472-5664, 918 E. 9<sup>th</sup> Street, Kansas City, Missouri.
- C. If the person is too incapacitated to stand/walk unsupported or respond to the sworn 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.
- D. Persons that appear to be under the influence of drugs or extremely intoxicated, and persons complaining of, or having visible signs of physical injury, will be transported to a hospital emergency room for treatment prior to being transferred to an alcohol/drug abuse facility.
- E. The sworn member's Daily Activity Log should reflect the date, time, and location of any contact with intoxicated parties and the disposition of the contact.
- \*F. Sworn members will follow the procedures set forth in Annex A, Section B of this written directive when the person is transported to a medical facility.

## CRISIS INTERVENTION TEAM (CIT)

### A. General Information

1. The CIT program provides a specialized approach to incidents involving an individual with a mental health disorder who is in crisis. This program utilizes sworn and non-sworn members who have been specifically trained for responding to these situations.
2. CIT members will utilize their training and experience to determine the least confrontational approach to resolve the incident. If the situation dictates, the request for an "Operation 100" and/or a negotiator response may become a consideration.

### B. Crisis Intervention Team Members

- \*1. The Daily Assignment/Exception Entry Sheet, Form 5015 P.D., will alert the respective zone dispatcher of CIT certified members who are on-duty. It will be faxed or emailed to the Communications Unit prior to the beginning of each shift.
2. When possible, dispatchers will dispatch a CIT member(s) to incidents involving a party experiencing a mental health disorder crisis.
3. Any sworn member, may request a CIT member to assist in crisis intervention.
4. CIT members will be available to handle all other calls when not responding to calls involving mental health disorder.

**MENTAL HEALTH FACILITY WALK-AWAYS**

- \*A. Walk-aways who have been committed to a mental health facility by court action will be entered into REJIS by the appropriate court, county, or state law enforcement agency. Generally, no action should be taken unless a probate warrant is entered into REJIS and is verified through the appropriate mental health facility.
- B. Officials from the mental health facility will notify the Communications Unit on a walk-away or missing person from a mental health facility.
- \*C. Sworn members dispatched to a facility where the Jackson County Sheriff's Department has completed their AWOP/Walk-Away report will assist in an area canvass if manpower is available.

NOTE: A missing person report will not be completed if an AWOP/Walk-Away report is listed in REJIS.

- \*D. Sworn members dispatched to a facility where an AWOP/Walk-Away report has not been completed, and the individual meets the criteria listed in written directive entitled, "Adult Missing Persons and Missing/Runaway Juveniles," will:
  - 1. Complete a missing person report in ARS.
  - 2. Conduct an area canvass.
- \*E. 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 emergency room or mental health facility.
  - 1. Upon discharge from the emergency room/mental health facility, the person may be admitted in-patient to Truman Medical Center – Behavioral Health (TMC-BH).
  - 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. Checking the hold box and indicate the reason in the space provided on the Mental Health/Crisis Intervention Team Report, Form 459 P.D.
  - 3. A sworn member will be required to stay with subjects on all felony holds until they are discharged from the emergency room or admitted to TMC-BH.

- \*F. 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.
- \*G. When a person with a police hold walks away from TMC-BH:
  - 1. Officials at TMC-BH will notify the Communications Unit.
  - \*2. The Communications Unit will contact the investigative element who issued the police hold to verify the hold and then issue a broadcast for the return of the walkaway to TMC-BH.

**MENTAL HEALTH PROBATE WARRANT**

- A. General Information
  - 1. 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.
  - 2. Facility personnel can revoke this release and verbally request law enforcement personnel to apprehend and return the person to the facility. This is accomplished through the completion of a Notice of Revocation of Conditional Release. The Notice of Revocation of Conditional Release is not issued by a court of law and should be treated as a warrantless arrest. A Mental Health Probate Warrant may also be issued.
- \*B. Mental Health Probate Warrant, whether issued locally or through an outside agency, should be verified by:
  - 1. Checking the paperwork if a caseworker is present.
  - 2. Contacting the county sheriff's department who issued the probate warrant if the paperwork is not available.
  - 3. Contacting the probate division where the probate warrant was issued, if the sheriff's department does not have the probate warrant.
- \*C. Following verification of the probate warrant, the sworn member will transport the individual directly to the nearest emergency room or psychiatric facility.
  - 1. If during the apprehension process the person commits a criminal act, the person will still be transported directly to the nearest hospital emergency room/mental health facility.
  - 2. The sworn 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 sworn member will complete a Mental Health/Crisis Intervention Team Report, Form 459 P.D., noting in the comment section that the person was apprehended on a Mental Health Probate Warrant.
- \*E. The facility will need a copy of the probate warrant before the person is admitted. The county sheriff's office or the probate division can fax the probate warrant to the facility.

- F. The Warrant Desk will be contacted for cancellation of the probate warrant.
- G. If a person wanted on a Mental Health Probate Warrant voluntarily returns to TMC-BH, an official from TMC-BH will notify Warrant Desk staff and request the probate warrant be canceled.

**EMOTIONALLY DISTURBED PERSON DESIGNATION IN REJIS**

**A. General Information**

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

**B. Criteria for Designation as an EDP**

1. Involuntary 96-Hour Hold – A sworn member has taken a person into custody for detention on an involuntary 96-hour hold.
2. Voluntary Admission
  - a. The person voluntarily admits themselves to a mental health facility; and
  - b. A sworn member would have taken this person into custody for detention on an involuntary 96-hour hold after his/her investigation, but the person voluntarily went on their own.
3. Court Order - A current court order exists with a specific date of expiration (under RSMo 632.330, 632.335, 632.340, or 632.355) stating the person has been committed, either inpatient or outpatient, to a mental health facility.

**C. Designation Procedures**

1. If a sworn member wishes to designate a person as EDP in REJIS, and the person meets the criteria set forth in Annex F, Section B of this written directive, the sworn member will complete an Interdepartment Communication, Form 191 P.D., requesting such. The sworn member must attach all supporting documentation (Mental Health/Crisis Intervention Team Report, Form 459 P.D., Copy of Court Order, or applicable Incident Report).
2. The Form 191 P.D. and support documentation will be forwarded to the CIT Commander for a determination as to whether the criteria was met and which designation should be entered into REJIS.

3. The CIT Commander will forward the approved Form 191 P.D. and support documentation to the Information Management Unit, who will ensure the REJIS entry is made. Once entered, the Form 191 P.D. and support documentation will be returned to the CIT Commander for retention.

D. Designation in REJIS

Once a person has been approved to be listed as EDP in REJIS, the following designation will be entered in their REJIS 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"

E. 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 will request that Information Services Division have REJIS complete a computer dump of all persons labeled as EDP in their system.
2. The CIT Commander 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 Annex F, Section B of this written directive within the past 24 months.
  - b. A Mental Health/Crisis Intervention Team Report, 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 CIT Commander will provide the Information Management Unit with a list of those names that should have the EDP designation removed.

**CARE TRAK****A. General Information**

1. Care Trak is a radio telemetry tracking service for those who cannot communicate due to a developmental disability or disease. Care Trak uses small (1 ounce) bracelets or anklets that emit a radio frequency. The radio signals can be tracked using a handheld antennae that helps determine direction of travel and distance by reading signal strength. Radio telemetry is an older, but effective technology that allows the user to track the signal to within inches of the source. Radio telemetry can be superior to GPS because it is not affected by weather conditions and the signal will penetrate building walls and dense foliage.
2. It is important that all Department members inform individuals of the Care Trak program. If they find a person that meets the program criteria and feel they would benefit from being a Care Trak participant, they should refer them to the CIT Commander at [caretrak@kcpd.org](mailto:caretrak@kcpd.org).

**B. Eligibility**

To enroll in the program the participant must possess a medically diagnosed condition, including: Alzheimer's disease, autism, dementia, or other developmental disorders and have a history of wandering or be at risk for wandering. They must also have an adult caregiver who commits to conducting daily transmitter checks.

**C. Enrollment**

If a community member wants to participate in the program and the above pre-requisites are met, they can contact Care Trak (800-842-4537) and order their transmitter and batteries. When ready, Care Trak will ship the transmitter, batteries, tester, and band, to the CIT Commander, who will then schedule an appointment with the participant. At this meeting:

1. The participant's caregiver will:
  - a. Complete KCPD Care Trak Client Profile, Form 5049 P.D.
  - b. Sign a Liability Waiver (one signed copy will be provided to caregiver and one signed copy will be maintained by the CIT Commander).
  - c. Provide a current picture of participant.

2. The CIT Commander or designee will:
  - a. Show the caregiver how to properly fit the transmitter band.
  - b. Show the caregiver how to test and change the transmitter battery.
- D. The information from the KCPD Care Trak Client Profile, Form 5049 P.D., will be kept on the Public Drive so it is available during searches.
- E. When a call taker receives a call from a caregiver of a participant who has wandered away and is wearing a Care Trak device, the call taker will:
  1. Ask the caller for the participant's Care Trak frequency number.
  2. Find out where the last known location of the participant was and how long ago they were last seen.
  3. Find out direction of travel and method (on foot, bike, etc).
  4. Ask if there are any locations that the participant normally goes (lake, pond, bridge, etc).
- F. Sworn members should be dispatched to the last known location to begin investigation and search.
- G. The on-call Care Trak team(s) should be notified immediately and given all pertinent information.
- H. The on-call Care Trak team(s) will deploy with Care Trak detection equipment to begin search.
- I. While conducting the search, the on-call Care Trak team will be in charge of that portion of the search.
- J. Consideration should be given to deploying additional resources as well, including the police helicopter, search and rescue dog teams, etc.
- K. After the search is complete, the on-call Care Trak team(s) will complete an after-action report utilizing a Mental Health/Crisis Intervention Team Report, Form 459 P.D.
- L. If during the search, a crime scene is discovered, the Care Trak team will immediately contact the appropriate investigative element.

**LIST OF FACILITIES**

## A. Facilities that offer mental health services for adults:

1. **Two Rivers Behavioral Health System**

5121 Raytown Road, Kansas City, Missouri

Two Rivers Behavioral Health System offers comprehensive behavioral healthcare for children, adolescents and adults. They treat a broad range of psychiatric illnesses such as depression, bipolar disorder, and anxiety disorders.

\*2. **Truman Medical Center – Hospital Hill (TMC)**

2301 Holmes, Kansas City, Missouri.

A sworn member or the dispatcher will notify the TMC 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.

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

3. **Research Psychiatric Center**2323 E. 63<sup>rd</sup> Street, Kansas City, Missouri.

Sworn 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.

\*4. **Kansas City VA Medical Center (KCVAMC)**

4801 E. Linwood, Kansas City, Missouri.

Sworn 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.

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

5830 N. W. Barry Road, Kansas City, Missouri.

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.

6. **Signature Psychiatric Hospital**  
2900 Clay Edwards Drive, North Kansas City, Missouri.

Signature is a 24-bed behavioral health unit serving the adult population and is located north of downtown Kansas City. Services are for treatment and stabilization of patients in crisis. The hospital treats a wide variety of mental illnesses including anxiety, depression, bipolar disorder, suicidal or homicidal thoughts as well as medical detoxification from drugs and alcohol. The patient can be a direct drop if it is during business hours and does not require emergency services.

B. Facilities that offer mental health services for geriatrics:

1. **Truman Medical Center-Lakewood**, 7900 Lee's Summit Road, Kansas City, Missouri.

TMC-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, TMC-Lakewood should be contacted to determine if adequate staffing is available.

2. **Research Psychiatric Center**, 2323 E. 63<sup>rd</sup> Street, Kansas City, Missouri.

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. 63<sup>rd</sup> Street, Kansas City, Missouri.
4. **Two Rivers Behavioral Health System** (5 years of age and older)  
5121 Raytown Road, Kansas City, Missouri.
5. **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.