TRANSFORMATIONAL PROGRESS

ADDENDUM C

Mental Health Response Protocol Guide

July 1, 2024

The City of
OKLAHOMA CITY
POLICE DEPARTMENT
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Chief of Police

The publication of this Guide is meant to provide the public with important information related to mental health response. To ensure the integrity of law enforcement only contact information, non-public phone numbers and emails have been redacted.

Mental Health Response Protocol Guide

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v.2.0

The vision of the police department is to ensure Oklahoma City is one of the safest cities in the country through strong community relationships, innovative strategies and healthy, well-trained officers.

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Introduction

In recent years, our City and department have been focused on mental health and crisis services. With the assistance of local service providers and other mental health-related experts and stakeholders, we have been critically assessing our mental health programs and current practices, looking for possible improvements. These efforts have yielded many new and innovative programs and best practices, which have become increasingly robust, and an expansion of resources available to officers to connect persons in crisis or affected by a mental health disorder with services. Common to these programs is a recognition that police officers do not need to be the primary contact with persons in crisis or affected by a mental health disorder in all cases and that there is room for greater professional mental health care outside of healthcare facilities.

This guide provides police employees with a single, up-to-date resource that addresses new programs and recent changes and provides new directives, guidance, and useful information related to mental health response. This guide does not fully incorporate all existing directives related to mental health. Employees remain responsible for all directives, but to the extent this guide conflicts with existing directives, this guide takes precedence.

To the extent this guide and department directives do not direct a particular course of action, all police employees will be guided by and act according to the department's core values: Integrity, Compassion, Accountability, Respect, and Equity.

Any questions or issues that arise from this guide should be directed through the chain of command and also brought to the attention of the Planning and Research Unit.

Goal

When interacting with a person in crisis or affected by a mental health disorder, the department's goal is to peacefully resolve incidents and deliver the best services available with the least intrusive interventions consistent with positive outcomes and public safety. Although each incident involving a person in crisis or affected by a mental health disorder is unique, and resolution will inevitably involve different approaches and resources, the goal remains the same.

Using Resources and Delivering Services

Police employees interact with a person in crisis or affected by a mental health disorder in different ways. That interaction may be over the phone with a call taker or dispatcher, or in person with an officer. Regardless of the type of interaction, all police employees have numerous tools and resources available to resolve those interactions in accordance with the department's goal.

Response

As employees inevitably interact with a person in crisis or affected by a mental health disorder, regardless of the nature of the contact, employees should always attempt to provide some type of mental health services to the person when possible. This section will outline alternative resources

currently available to police employees. All employees must use these resources when possible and appropriate.

Recognizing Persons in Crisis and Mental Health Disorders

Although only trained mental health professionals can diagnose mental health conditions, officers, call takers, and dispatchers are trained to recognize behaviors and signs that indicate a person may be in crisis or affected by a mental health disorder. Being able to recognize these signs is important because it may dictate a particular response or a deviation in approach.

Common signs a person may be in crisis or affected by a mental health disorder can include, but are not limited to:

- Excessive worrying or fear;
- Feeling excessively sad or low;
- Confused thinking or problems concentrating;
- Extreme mood changes, including uncontrollable “highs” or feelings of euphoria;
- Prolonged or strong feelings of irritability or anger;
- Avoiding friends and social activities;
- Difficulties understanding or relating to other people;
- Changes in sleeping or eating habits;
- Difficulty perceiving reality (delusions or hallucinations, in which a person experiences and senses things that do not exist in objective reality);
- Inability to perceive changes in one’s own feelings, behavior, or personality (“lack of insight” or anosognosia);
- Overuse of substances like alcohol or drugs;
- Thinking about suicide; or
- Inability to carry out daily activities or handle daily problems and stress.

Officers, call takers, and dispatchers should also consider the following and tailor their response accordingly:

- Each mental health disorder has its own symptoms;
- Not all people experiencing an acute crisis have a chronic condition; and
- Someone may seem to be in crisis due to mental health disorders or distress, impairment from alcohol or psychoactive drugs, or may have a hearing impairment, deafness, dementia, autism, or physical injury.

Call Taker and Dispatcher Response

Collecting Information and Assessing Appropriate Response

When a call is received and responses to questions, the nature of the call, the caller’s history, or other circumstances, such as the behavior of the caller or the subject of the call, indicate the call may involve a person in crisis or affected by a mental health disorder, call takers and

dispatchers will collect as much information as possible to determine the appropriate response. Such information may include, but is not limited to:

- The address of the person;
- The nature of the person's behavior;
- The name and date of birth of the person;
- The person's current location (and any inherent dangers at the location, e.g., in roadway, edge of elevated structure);
- The person's phone number if they are not present;
- The person's physical and clothing description (and vehicle description if they are mobile);
- Any weapons the person may have or have access to;
- Any threats or statements the person has made regarding violence or suicide;
- Method of suicide contemplated (if applicable);
- Do they need an ambulance;
- Any history of mental illness or suicide attempts;
- Any event that may have triggered the person's behavior;
- Current or former prescription medications (are they taking it);
- Is the person under the influence of alcohol or drugs;
- Will the person be violent with first responders (how will the person react);
- The volatility of the environment (e.g., agitators who may upset the person, create a combustible environment, or incite violence); and
- The primary nature of the call (e.g., well-being of a person or danger or criminal conduct).

Determining an appropriate response is based on the subject or caller's need and the risk to self or others.

911 Intake and Diversion to Alternative Resources

When to Divert

Call takers and dispatchers are the front line for ensuring an appropriate mental health response for the residents of Oklahoma City. Call takers are responsible for determining if a call involving mental health should be diverted to 988 or other resources or if it should be dispatched to field officers. Currently, 988 is the best, immediate non-police resource available to call takers. Call takers and dispatchers should defer calls to 988 or other resources or services when based on the totality of the information available:

- The nature of the person's behavior is not criminal;
- There is no need for medical attention (no injuries or EMSA requests); and
- The person in crisis or affected by a mental health disorder is not an immediate danger to themself or others.

Call Creation and Call Type Codes

Successful Diversion Calls

Call takers and dispatchers will create a CAD ticket when receiving a call involving a person in crisis or affected by a mental health disorder—whether an officer is dispatched or not. Upon successful completion of diverting the call to an alternative resource, call takers and dispatchers will:

- Document the resource used (i.e., “transferred to 988,” “transferred to 211,” or “T.R.U.S.T. referral made”); and
- If transferred to 211 or a T.R.U.S.T. referral is entered, assign the call as Priority 6, call type “99” description “Code 99 – Citizen Referral;” or
- If transferred to 988, assign the call as a Priority 6, call type “988X” description “Transfer to 988” and;
- Close the call with Cancellation Reason-“AC- Cancelled by Other Agency” and Response Disposition- “z-Call not entered into CAD.”

Calls Received from 988 and Other Resources

When receiving a transfer call from 988 or other resources—whether the call originated with a 911 call or not—call takers and dispatchers will:

- Create a CAD ticket;
- Assign the call as type “988” description “Crisis Hotline Transfer;”
- Assign the call as the appropriate priority level (default is Priority 3); and
- Dispatch a police response in accordance with written directives and training.

In the event the circumstances of the call received from 988 or other resources do not meet the department's criteria for dispatching a police response, call takers and dispatchers will request a joint response with an officer and a mobile response team.

- If a joint response is confirmed:
  - Call takers and dispatchers will:
    - Create a CAD ticket;
    - Assign the call as type “988” description “Crisis Hotline Transfer;”
    - Assign the call as the appropriate priority level; and
    - Dispatch an officer(s) to a staging area to meet with the mobile response team.
  - Should the mobile crisis team have an ETA of more than 30 minutes, call takers and dispatchers will advise 988 or other resource to call back when the team is within 5-10 minutes of the staging area. Once together, the officer(s) and the mobile crisis team will determine the best approach for contact.
- If a joint response is not confirmed, call takers and dispatchers will proceed with dispatching a police response in accordance with written directives and training.

911 Intake and Dispatching a Police Response

Criteria

Even if call takers and dispatchers have reason to believe a person may be in crisis or affected by a mental health disorder, they will initiate a police response in accordance with written directives when based on the totality of the information available:

- The nature of the person's behavior is criminal; or
- The person in crisis or affected by a mental health disorder poses an immediate danger to themself or others.

Call Type Code Assignment

If the person's behavior is criminal in nature, a criminal call type code will be applied to the call consistent with the nature of the crime. In the absence of a crime or where crisis intervention is the pressing issue, a Signal 8- Mental Patient or 13-Attempt Suicide call-type code will be applied to the call. A joint response (add "EM") will be processed if the caller indicates an ambulance is needed.

Call Comments

When call takers and dispatchers enter a call for a police response that involves a person in crisis or affected by a mental health disorder, they will note all relevant mental health or crisis details and the reason why the call was not diverted to 988 in the comments of the call.

Even if call takers and dispatchers have reason to believe a person may be in crisis or affected by a mental health disorder, they will initiate a police response in accordance with written directives when based on the totality of the information available:

- The nature of the person's behavior is criminal; or
- The person in crisis or affected by a mental health disorder poses an immediate danger to themself or others.

Dispatcher / Radio Operator Responsibility

When a mental health-related call is created for police response, dispatchers will attempt to assign a C.I.T.-Response Officer from the call's assigned division. If a division C.I.T.-Response Officer is not available, or cannot be re-routed to the call, any Crisis-Trained Officer may be dispatched (see the C.I.T. Officers / Program section of this guide for definitions of C.I.T.-Response Officer and Crisis-Trained Officers). When a divisional C.I.T.-Response Officer is unavailable, the dispatcher will contact a field supervisor to

determine if an out-of-division C.I.T.-Response officer should be assigned. Field supervisors may cancel a C.I.T.-Response Officer's assignment to a mental health-related call.

Regular Mental Health Callers

When a person who may be in crisis or affected by a mental health disorder regularly calls 911 for non-emergency situations that do not meet criteria for a police response, call takers and dispatchers should take the following steps:

- Transfer the caller to 988;
- Enter a T.R.U.S.T. referral for follow-up services each calendar day the caller calls 911 under these conditions; and
- After three such regular calls in a month, call takers and dispatchers may request a premise be attached to the caller's location alerting call takers, dispatchers, and officers to the mental health needs of the resident. The dispatch supervisor will finalize the premise request and submit that request to the Communications Director for review and approval.

T.R.U.S.T. Referrals

Call-takers should submit a T.R.U.S.T. referral for follow-up services for mental health needs that do not require a police response or transfer to 988 or other resources.

Call Screening

Dispatchers will screen all calls for any indication a CIT unit may be needed and attempt to assign a CIT officer to all calls, regardless of call type code, where a person may be in crisis or affected by a mental health disorder in accordance with this guide. See Section 5-114 in Police Operations Manual.

De-Escalation

Call takers and dispatchers will de-escalate all emergency calls, to include calls involving persons in crisis or affected by a mental health disorder. De-escalation tactics, include, but are not limited to:

- Simply listening;
- Distracting the caller / repetitive persistence;
- Re-focusing the caller on something positive;
- Changing the subject;
- Validation;
- Empathizing with the caller;
- Giving choices; and
- Setting limits.

Patrol / Field Officer Response

Although recent reform efforts have emphasized and led to a more limited role for police interaction with persons in crisis or affected by a mental health disorder, all officers will inevitably continue to come into contact with such persons. Officers have many factors to consider in these circumstances and tools to provide persons in crisis or affected by a mental health disorder with the services they need and deserve. These interactions are dynamic and require constant assessment of the circumstances and modifications to approach and response based on changing circumstances.

Field Officer Response Criteria

Call takers and dispatchers will initiate a police response in accordance with written directives when based on the totality of the information available:

- The nature of the person's behavior is criminal; or
- The person in crisis or affected by a mental health disorder poses an immediate danger to themself or others.

C.I.T. Officers / Program

The C.I.T. Program has expanded in recent years, providing numerous officers with the full 40 hours of training required for the C.I.T. program. However, only a select number of officers are selected to respond to mental health incidents as part of the Crisis Intervention Team. There are three levels of crisis training provided to Oklahoma City police officers. To help clarify the levels of training, three definitions of crisis training are provided:

Crisis Intervention Team-Response (C.I.T.-Response):

- Officers who have successfully completed the 40-hour C.I.T. school, all academy and annual mental health training, are current with all C.I.T. training updates, and have been selected by the Chief of Police to serve as a C.I.T.-Response officer.
- All C.I.T.-Response officers must be available to respond to calls throughout the city as needed for C.I.T. response. The Chief of Police may make exceptions.

Advanced Crisis-Trained Officers:

- Officers who have successfully completed the 40-hour C.I.T. school and all other academy and annual mental health training but are not currently assigned as C.I.T.–Response.

Basic Crisis-Trained Officers:

- Officers who have successfully completed all academy and annual mental health training.

For the purposes of this guide, **"Crisis-Trained Officers"** refers to both advanced and basic Crisis-Trained Officers.

C.I.T.-Response officers will be dispatched to the following types of situations, if available:

- In cases of attempted or threatened suicide; and
- When a person reasonably seems to be in crisis or affected by a mental health disorder.

C.I.T.-Response officers will respond to such calls when assigned and will respond to requests from other officers and supervisors for assistance with the same.

C.I.T.-Response officers will first be requested from within the division of the incident. If a divisional C.I.T.-Response officer is not available, a field supervisor will determine if one should be requested from another division. This determination will be based on the totality of the circumstances, which includes but is not limited to:

- The urgency of the call;
- The specific need for C.I.T.-Response officers;
- The proximity of C.I.T.-Response officers from other divisions.

C.I.T.-Response officers are not limited to geographical boundaries regarding mental health calls when needed.

If no divisional C.I.T.-Response officers are immediately available, dispatch shall assign an available Crisis-Trained officer(s) to the call. The Crisis-Trained Officers will respond to the incident using all their training and resources to help stabilize the situation. Dispatch shall also contact a field supervisor who will determine if the incident requires an out-of-division C.I.T.-Response officer.

Even if a C.I.T.-Response officer is assigned, if a situation involves a violent person, an active threat to others, or a person engaging in conduct that otherwise requires immediate intervention, officers should not wait on a C.I.T.-Response officer and should respond and intervene in accordance with department training and written directives.

Notwithstanding the foregoing, field supervisors may cancel a C.I.T.-Response officer’s involvement in an incident in the following circumstances:

- When Crisis-Trained Officers have already responded to a call in accordance with written directives and have advised the person in crisis or affected by a mental health disorder is stable and awaiting alternative resources or the incident has otherwise been resolved in accordance with written directives;
- When Priority 1 or 2 calls are holding in the assigned C.I.T.-Response officer’s division, unless the call requiring the C.I.T. response is also a Priority 1 or 2 call; or
- When there is strong, articulable justification based on exigent or extenuating circumstances.

When determining whether cancelling a C.I.T.-Response Officer is appropriate, supervisors should consider the following:

- A C.I.T.-Response officer **may be needed** if:
  - The person in crisis or affected by a mental health disorder meets criteria or is exhibiting concerning symptoms but has refused to seek treatment voluntarily.
  - The person in crisis or affected by a mental health disorder is so aggressive or so out of touch with reality that the Crisis-Trained Officer cannot establish a productive dialog.
  - The Crisis-Trained Officer has exhausted all options for connecting the person to resources.
  - The incident involves a child in crisis with an uncooperative parent.
- A C.I.T.-Response officer **may not be needed** if:
  - The person in crisis or affected by a mental health disorder is voluntarily seeking treatment or transport.
  - The person in crisis or affected by a mental health disorder is calm, actively engaged with the Crisis-Trained Officer, and getting connected to resources.
  - For a facility-to-facility transport involving a cooperative patient.

De-Escalation

Regardless of the circumstances and irrespective of CIT status, the first tool for all officers to use when coming into contact with persons in crisis or affected by a mental health disorder is de-escalation. De-escalation involves slowing things down, using distance and cover, communicating calmly, clearly, and compassionately, and, in some cases, disengagement. See also Section 4-305 of the Police Operations Manual. When disengagement is used, some type of follow-up services should be requested and documented.

Using Resources in the Field

Officers have several resources at their disposal to provide immediate assistance and services in the field to people in crisis or affected by a mental health disorder. Officers should use the following resources when:

- The person is not or no longer actively endangering themself or others;
- The person does not need emergency medical attention; and
- The person is not under arrest or an alternative to physical arrest may apply.

iPad Program

If a person in crisis or affected by a mental health disorder is calm and coherent enough to interact with a mental health professional over an iPad, officers should use their department-issued iPad to connect the person to a mental health professional. Officers who do not have an iPad should request an officer who has one. The iPad helps put the person in crisis or affected by a mental health disorder in immediate direct visual contact with a provider instead of waiting for other resources to arrive on the scene. The goal of the iPad is to stabilize the individual in their current location and provide follow-up treatment when

needed. Should the mental health provider decide to place the individual into protective custody, the officer will transport the person to the appropriate facility. The mental health provider should complete the necessary paperwork and provide that paperwork to the facility. The name of the mental health provider should be collected and added to the appropriate records.

Mobile Crisis Teams

If an iPad system is not working or available within a reasonable amount of time, the person is not stable enough to use one, or in-person support may be more effective, officers should request a professional mobile crisis team through CHAMPIONS or 988. If a team is going to respond, officers should wait until the team arrives and should only leave once the team advises they no longer need police assistance.

Officers may also choose to wait for a mobile crisis team to arrive before attempting contact if circumstances allow. There may be instances where a person in crisis or affected by a mental health disorder would respond more calmly to a mobile crisis team than law enforcement. If 988 is used for a mobile crisis team, their seven-digit number to obtain an E.T.A. is [redacted]. The name of the mental health provider on scene should be collected and added to the appropriate records. Mobile crisis teams have a goal of being on scene within one hour of the request.

Youth Services

For persons in crisis or affected by a mental health disorder under the age of 25 years, officers may contact 211 to access the Youth Crisis Hotline which can provide a mobile crisis team through Northcare or provide over-the-phone assistance. 211 can also provide additional social services for those in need.

These resources will not be applicable in all cases. Officers do not necessarily have to attempt to use one resource before another. Instead, officers should start with the service delivery option most applicable to the circumstances. This determination should be guided by the principle that delivering mental health services should be accomplished with the least police involvement necessary. Protective custody should only be resorted to when criteria are met and other resources are unavailable, have failed, or are not likely to work.

Protective Custody

If a person meets criteria to be taken into protective custody (**see Section 5-204 of the Police Operations Manual**) and a mobile crisis team is unavailable or other resources have failed to stabilize the person in crisis or affected by a mental health disorder, officers may transport the person to an appropriate mental health facility in accordance with department directives. See *Mental Health Transports* section below for additional direction on transports. In most instances, alternative resources should be used before transporting someone to a facility. Officers must check in with the facility and complete all necessary paperwork before leaving the facility. It is recommended to transport to facilities listed in this guide. St. Anthony's

Hospital is the only hospital with an on-site mental health team. All other local hospitals must request a team to respond to the hospital which may delay the officer being released.

T.R.U.S.T. Referral

T.R.U.S.T. referrals provide a system whereby professional mental health, healthcare, and social workers can follow up with a referred person who may need assistance, care, and resources. T.R.U.S.T. referrals can be made through the SharePoint homepage. A referral allows employees to request social services for needs such as housing, mental health, food, clothing, and many others. The form takes seconds to complete, and the information is sent to the appropriate social or mental health service provider after verification by city personnel.

Officers should make a T.R.U.S.T. referral when made aware of a person with mental health issues or other well-being issues, and that person:

1. Is not present, but valid contact information is available;
2. Does not meet the criteria to be taken into protective custody and other efforts to provide services did not resolve a potential issue; or
3. Otherwise might benefit from follow-up from a social worker or mental health professional when valid contact information is available.

T.R.U.S.T. referrals are not designed to help a person in an active crisis. If possible, other immediate resources should be used, such as an iPad, a mobile crisis team, or a C.I.T. officer. A T.R.U.S.T. referral may still be made after the use of these resources, but describe any services provided used to address the immediate crisis in the form.

Other Assignments Response

All of the tools and protocols for officers assigned to patrol are also available and applicable to all officers regardless of assignment when they find themselves interacting with persons in crisis or affected by a mental health disorder. Officers that have questions or need assistance with a person who is in crisis or is affected by a mental health disorder should reach out to the CIT Office at [redacted] or at the Operations Admin number [redacted].

Documentation

Police employees must document their response to mental health. Documentation will assist in identifying gaps in needed resources, help demonstrate the mental health needs in our community, and help the department appropriately deploy mental health resources throughout the City.

Incident Reports: Mental Health Form

Following any interaction with a person exhibiting mental health symptoms in which a report is required, employees shall complete a sub-document mental health form within the incident report. All mental health transports, including voluntary transports, require both an incident

report and the mental health sub-document form within the incident report. The mileage driven during the transport shall be documented within the incident report.

Mental Health Contact Form

Following any interaction with a person exhibiting mental health symptoms, which does not require an incident report, documentation of the contact, resources used/requested, and any disengagement is still required. Employees shall complete a mental health contact form in Axon Records. If the incident would normally require a contact form but the individual cannot be located, the call disposition code "UTL," unable to locate, should be attached.

Protective Custody Documentation

When officers take protective custody of a person in crisis or affected by a mental health disorder, officers must upload a digital copy of the officer's affidavit or third-party affidavit into evidence.com under the associated incident number. This can be accomplished by photographing the document clearly with a City-issued phone.

Response to Resistance Assessments

Should any incident involving a person exhibiting mental health symptoms result in a response to resistance, the supervisor completing the assessment shall document in the administrative tracking portal whether mental health was a factor. This information will be cataloged under the Citizen Influence Assessment picklist in the administrative tracking portal. Supervisors must verify the mental health sub-document form has been completed.

Alternative to Physical Arrest

Although recent programs have reduced the number of contacts between officers and persons in crisis or affected by a mental health disorder, officers will inevitably continue to come into contact with such persons. A police response, however, does not dictate any particular outcome. Each call must be evaluated based on the totality of circumstances and resolved in accordance with department directives.

When officers come into contact with a person in crisis or affected by a mental health disorder who is also committing a crime, officers may arrange for mental health services appropriate to the circumstances in lieu of making an arrest or issuing a citation with supervisor approval. Supervisors will consider all circumstances, to include the impact on any victims.

Supervisors may approve this arrangement when the crime would likely not have occurred but for the person's mental health symptoms and:

1. The crime that the person committed was a non-violent misdemeanor offense; or
2. The crime that the person committed was a non-violent felony offense, and the appropriate investigative unit supervisor approves of the non-criminal disposition. An example of a felony offense appropriate for such disposition could include a

felony theft where the individual had no criminal intent due to serious mental health issues.

If approved, officers will complete an incident report and out of custody citation(s) that document:

1. The appropriate offense code for the person's criminal conduct;
2. All relevant criminal facts and actions; and
3. All facts appropriate to the type of mental health services provided, including completing the sub-document mental health form.

For purposes of this section, "Mental Health Services" include the use of an iPad, a mobile crisis team, communication with an appropriate professional through 988 or other similar resource over a phone, and transporting or arranging a transport to a mental health facility or similar treatment center—whether done voluntarily or by protective custody; provided "Mental Health Services" do not include a T.R.U.S.T. referral by itself. The fact that using an iPad, a mobile crisis team, or the 988 lifeline does not ultimately result in in-patient treatment or protective custody has no bearing on the determination to approve those alternatives to arrest or citation.

The authority provided here is in addition to and does not replace or limit any other authority related to releasing or not arresting persons pursuant to department directives.

Mental Health Transports

Officers are required to transport a person to a mental health facility into two circumstances:

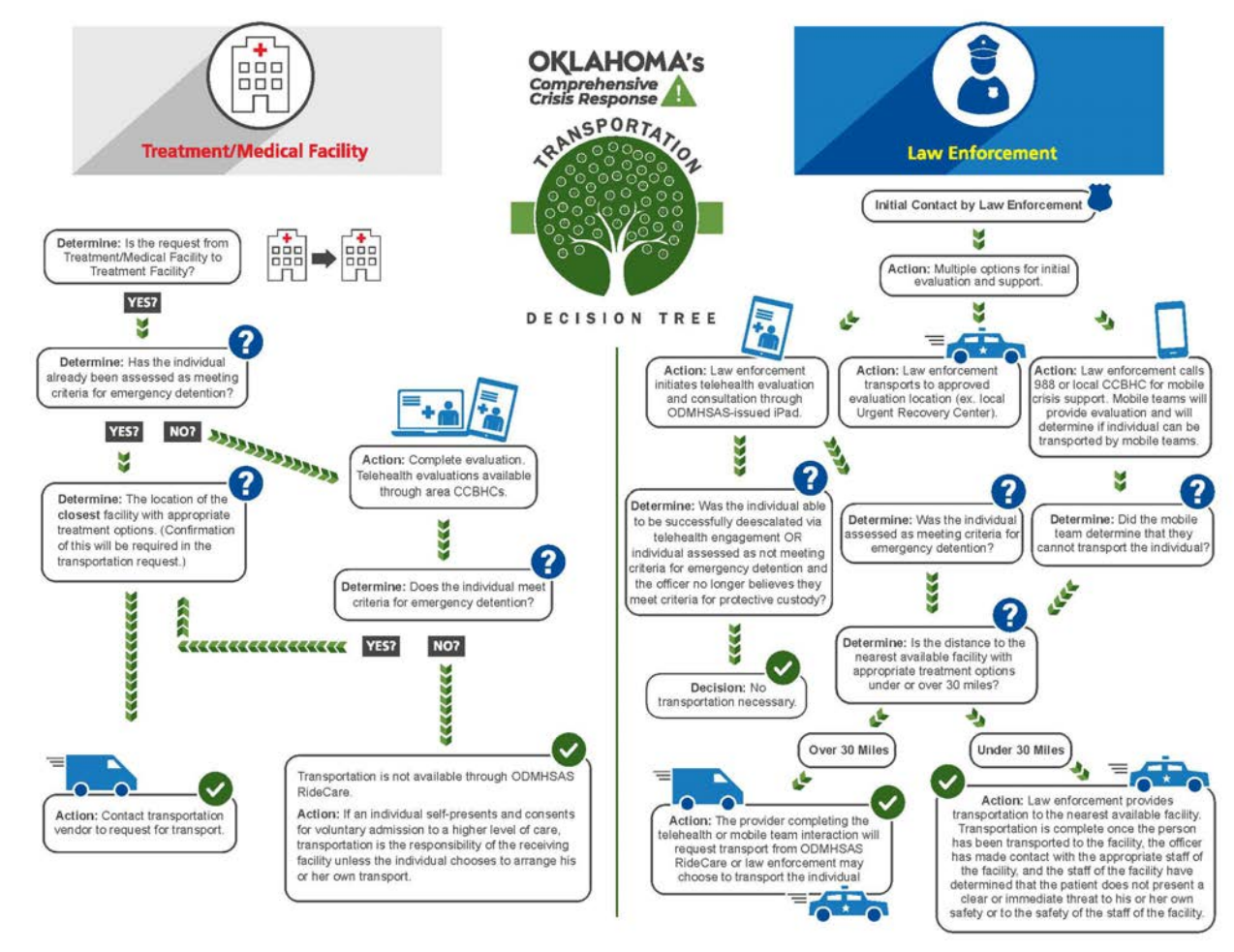
- First, when the person has been taken into protective custody pursuant to department directives; and/or
  - An iPad telehealth mental health provider assessed the person as meeting the criteria for emergency detention;
  - A mobile crisis team responded and assessed the person as meeting the criteria for emergency detention and the team is not comfortable transporting the person to a mental health facility;
  - Despite a determination by an iPad telehealth mental health provider or a mobile crisis team that emergency detention is unwarranted, officers still believe the person needs to be in protective custody (consultation with a supervisor or CIT-Response is recommended prior to taking into protective custody under this circumstance); or
  - An iPad or mobile crisis team is not reasonably available; or
- Second, when the person self presents at any facility, is placed into protective custody at the facility, and then the facility needs the person to be transported to another mental health facility for a higher level of treatment.

If an officer has already transported an individual to an appropriate facility or if any transport would cause officers to go beyond a 30 miles radius from police headquarters, ODMHSAS will

be responsible for any transportation for that individual and the transport will be provided by ODMHSAS's RideCare program.

The Oklahoma Department of Mental Health and Substance Abuse Services has information regarding transports documented on their website at this **link**. ODMHSAS created the following decision tree to outline state law more clearly. The following decision tree should be reviewed when determining if the department is responsible for a mental health transport.

The Oklahoma City Police Department aims to maximize stabilization within the community while minimizing involuntary transportations to care, except when necessary.



Other Resources

The resources described herein are not exhaustive. For additional resources, please refer to department training, communications, and other guides. Additional information can be found through the following hyperlinks:

- Oklahoma City Mental Health Programs and Policies Guide
- Oklahoma City Police Department C.I.T. Mental Health Resource Page

Other Considerations

Please see the C.I.T. Mental Health Resource Page and City Mental Health Programs and Policies Document on Sharepoint under the Local Resources Section.

Current state law regarding mental health can be found through OSCN under Title 43A. A link to this section of OSCN can be found on the Mental Health Resource Page. Title 43A 5-207 addresses mental health transports.

Alternative Resource Contact Information

Alternative Resource	Contact Information	Resource Offered
988 988 Public Dashboard	Phone: [redacted] Law Enforcement ONLY	• Voice Mental Health Stabilization • Mobile Crisis Teams
Champions	Phone: [redacted] Law Enforcement ONLY	• Mobile Crisis Teams
VA Hospital Mobile Crisis Team (VMET)	Phone: [redacted] Law Enforcement ONLY	• Mobile Crisis Teams Monday-Friday 0800-1800
T.R.U.S.T. Referral	Officers Access on SharePoint	• Variety of Social Services
iPad Information	Email: [redacted]	• Video Mental Health Stabilization
Mental Health Association of Oklahoma (MHAO)	[redacted]	• Homeless Street Outreach Team Monday-Friday 0800-1700
OKCPD C.I.T. Office and Mental Health Resource Page	Email: [redacted]	• Collaboration • Training • Alternative Resource Conflict Resolution • Service Planning
De-Escalation Options	See Operations Manual	• De-Escalation Options
Homeless Services / OKCPD Homeless Outreach Team	Lt. David Dale Phone [redacted] Email: [redacted] Sergeants: George Anderson and Stefano Montoya	• Re-housing initiative • Service options • Collaboration
OKC Fire Department Resources	N/A	• In Development
City of OKC Mobile Crisis Team	N/A	• In Development

Mental-Health Facilities and Services

Facility	Initial Screening Capability	Services
Cedar Ridge Behavioral Hospital 6501 N.E. 50th Street Oklahoma City, OK 73141405-605-6111	No	Juvenile Short/Long Term
Childrens Recovery Center 320 12th Ave NE Norman, OK 73071 405-573-3842	Yes	Juvenile Short/Long Term
Oklahoma Childrens Hospital 1200 N. Childrens Ave Oklahoma City, OK 73104 405-271-4700	Yes	Emergency Services / Initial Intake
Oklahoma County Crisis Stabilization Units 2625 General Pershing Blvd. Oklahoma City, OK 73107 405-945-6215	Yes	Initial Intake and Evaluation
Hope Community Services 6100 S. Walker Ave. Oklahoma City, OK 73139 405-634-4400	Yes	Outpatient Services / Urgent Recovery Center (URC) open 24/7 / Emergency Services / Initial Intake
Red Rock Behavioral Health Services 4400 N. Lincoln Blvd. Oklahoma City, OK 73105 405-424-7711	Yes	Outpatient Services / Case Management / PACT / IPS
Oakwood Springs 13101 Memorial Springs Ct. Oklahoma City, OK 73114 405-310-8840	Yes	Initial Intake / Emergency Services
Northcare 2617 General Pershing Blvd. Oklahoma City, OK 73107 405-858-2700	Yes Only Open Business Hours	Outpatient Services / PACT / Case Management

Veterans Affairs 921 N.E. 13th Street Oklahoma City, OK 73104 405-456-5583	Yes	Initial Intake / Emergency Services for eligible Veterans

Shelters

Shelter	Emergency Shelter	Phone # / Hours of Access
City Care OK 6001 N. Classen Blvd. #5 Oklahoma City, OK 73118	Yes	405-652-1112
City Rescue Mission 800 W. California Ave. Oklahoma City, OK 73102	Yes	405-232-2709
Grace Rescue Mission (Men Only) 2205 Exchange Ave. Oklahoma City, OK 73108	Yes	405-232-5756
Homeless Alliance 1724 N.W. 4th Street Oklahoma City, OK 73106	No	405-415-8410 / 0630-1600
Jesus House 1335 W. Sheridan Ave. Oklahoma City, OK 73106	No	405-232-7164
Salvation Army 1001 N. Penn Oklahoma City, OK 73107318 E. Hayes St. Norman, OK 73069	Yes	405-246-1124 (OK County) 405-364-9910 (Cleveland County)
Sunbeam Emergency Shelter for Seniors (55+) 1100 N.W. 14th Street Oklahoma City, OK 73106	No Longer Open	405-528-7721
YWCA Women's Shelter [redacted] Oklahoma City, OK [redacted]	Yes	[redacted]

Family Support Resources

Organization	Type of Service	Phone Number
Shred the Stigma SHREDtheStigma@gmail.com	Harm Reduction Resource	405-295-5167
Mental Health Association 400 N. Walker Ave. #190 Oklahoma City, OK 73102	Consumer Resource / Case Management / Education	405-943-3700
National Alliance on Mental Illness (NAMI) 4301 Wilson Blvd. #300 Arlington, VA 22203	Family and Consumer Resource	703-524-7600
Sunbeam Family Services 1100 N.W. 14th Street Oklahoma City, OK 73106	Counseling and Case Management	405-528-7721
Areawide Aging Agency 4101 Perimeter Center Drive #310 Oklahoma City, OK 73112	Ageing Helpline / Ombudsman Advocate / Caregiver Respite	405-942-8500
Gatekeeper Program 7401 N.E. 23rd Street Oklahoma City, OK 73141	Social and Mental Health Services for Vulnerable Seniors (55+) / Case Management	405-713-1893
Oklahoma County Social Services 5905 N. Classen #302 Oklahoma City, OK 73118	Gatekeeper Program / Homeless Services / Pharmacy Services	405-713-1893
Adult Protective Services 2401 N. Lincoln Blvd. #4 Oklahoma City, OK 73105 405-521-3660	Vulnerable Adults	800-522-3511
Pivot Youth Services 201 N.E. 50th Street Oklahoma City, OK 73105	Youth Services	405-235-7537