Kinston Police Department	**POLICY: Crisis & Mental Health Intervention**						**POLICY #:** **400-9**
	NCLEA Standards:						
	CALEA Standards: 41.2.7 (a-e)						
	NCLM Standards: II.4;						**Effective Date:**
☐ New ☒ Revised	**Revision Dates:**	**01/01/21**	**04/1025**				**07-01-2019**
Approval: Chief of Police							

I. PURPOSE

The purpose of this policy is to provide guidelines for interacting with those who may be experiencing a behavioral health crisis. Interaction with such individuals has the potential for miscommunication and violence. It often requires an officer to make difficult judgments about a person's mental state and intent in order to effectively and legally interact with the individual.

II. DEFINITIONS

A. Behavioral Health: The overall condition of an individual's behavior and how the individual responds to, or processes stimuli. A person can demonstrate negative behavioral health, and not be diagnosed with a mental illness.

B. Mental Illness:

1. When applied to an adult, illness which so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of his/her affairs and social relations to make it necessary or advisable for him/her to be under treatment, care, supervisor, guidance, or control.

2. When applied to a minor, a mental condition, other than mental retardation alone, that so lessens or impairs capacity to exercise age adequate self-control and judgment in the conduct of his/her activates and social relationships so that he/she is in need of treatment.

C. Person in crisis: A person whose level of distress or behavioral health symptoms have exceeded the person's internal ability to manage his/her behavior or emotions. A crisis can be precipitated by any number of things, including an increase in the symptoms of mental illness despite treatment compliance; non-compliance with treatment, including a failure to take prescribed medications appropriately; or any other circumstance or event that causes the person to engage in erratic, disruptive or dangerous behavior that may be accompanied by impaired judgment.

D. Excited Delirium Syndrome (ExDS): A medical disorder generally characterized by observable behaviors including extreme mental and physiological excitement, intense agitation, hyperthermia (elevated body temperature) often resulting in nudity, hostility, exceptional strength, endurance without apparent fatigue, and unusual calmness after restraint accompanied by a risk of sudden death.

III. POLICY

A. The Kinston Police Department strives to provide a consistently high level of service to all members of the community and recognize that persons in crisis may benefit from intervention. The Department will collaborate, where feasible, with behavioral health professionals to develop an overall intervention strategy to guide its members' interactions with those experiencing a behavioral health crisis. This is to ensure equitable and safe treatment of all involved.

B. Mental Health Signs, including ExDS.

Members should be alert to any of the following possible signs of behavioral health issues or crises: **(CALEA 41.2.7 a)**

1. A known history of mental illness
2. Threats of or attempted suicide
3. Loss of memory
4. Incoherence, disorientation or slow response
5. Delusions, hallucinations, perceptions unrelated to reality or grandiose ideas
6. Depression, pronounced feelings of hopelessness or uselessness, extreme sadness or guilt
7. Social withdrawal
8. Manic or impulsive behavior, extreme agitation, lack of control
9. Lack of fear
10. Anxiety, aggression, rigidity, inflexibility or paranoia

Members should be aware that this list is not exhaustive. The presence or absence of any of these should not be treated as proof of the presence or absence of a behavioral health issue or crisis.

C. Coordination with Mental Health Professionals **(CALEA 41.2.7 b)**

1. The Chief of Police should designate an appropriate Division Major to collaborate with behavioral health professionals to develop an education and response protocol. It should include a list of community resources, to guide department interaction with those who may be suffering from mental illness or who appear to be in a mental health crisis.

2. A directory of available mental health and community support organizations and programs will be made available to all officers through PowerDMS in order for them to coordinate with the appropriate resources.

D. First Responders **(CALEA 41.2.7 c)**

1. Safety is a priority for first responders. It is important to recognize that individuals under the influence of alcohol, drugs or both may exhibit symptoms that are similar to those of a person in a behavioral health crisis. These individuals may still present a serious threat to officers; such a threat should be addressed with reasonable tactics. Nothing in this policy shall be construed to limit an officer's authority to use reasonable force when interacting with a person in crisis.

2. Officers are reminded that behavioral health issues, behavioral health crisis and unusual behavior alone are not criminal offenses. Individuals may benefit from treatment as opposed to incarceration.

3. KPD has officers specially trained to respond to individuals in a behavioral health crisis. These officers make up the Crisis Intervention Team (CIT). Officers and supervisors should endeavor to have a CIT officer respond to situations where it is known, or reasonably should be known, that an individual is experiencing a behavioral health crisis. The responding CIT officer may be from KPD or another local police department.

   An officer responding to a call involving a person in crisis should:

   a. Promptly assess the situation independent of reported information and make a preliminary determination regarding whether a behavioral health crisis may be a factor.

   b. Request available backup officers and specialized resources as deemed necessary and, if it is reasonably believed that the person is in a crisis situation, use conflict resolution and de-escalation techniques to stabilize the incident as appropriate.

   c. If feasible, and without compromising safety, turn off flashing lights, bright lights or sirens.

   d. Attempt to determine if weapons are present or available.

   e. Take into account the person's mental and emotional state and potential inability to

      understand commands or to appreciate the consequences of his/her action or inaction, as perceived by the officer.

   f. Secure the scene and clear the immediate area as necessary.

   g. Employ tactics to preserve the safety of all participants.

   h. Determine the nature of any crime.

   i. Request a supervisor, as warranted.

   j. Evaluate any available information that might assist in determining cause or motivation for the person's actions or stated intentions.

   k. If circumstances reasonably permit, consider and employ alternatives to force.

E. Interview and Interrogation **(CALEA 41.2.7 c)**

1. Officers attempting to conduct an interview with a developmentally disabled or mentally ill individual should consult a health professional to determine if the person has the capacity to understand Miranda rights.

2. If the disabled person is a witness:
   a. Do not interpret lack of eye contact or strange actions as signs of deceit.
   b. Use simple and straightforward language.

c. Do not employ common interrogation techniques, suggest answers, pose hypothetical conclusions, or attempt to complete thoughts of persons slow to respond.

F. De-escalation

1. Officers should consider that taking no action or passively monitoring the situation may be the most reasonable response to a behavioral health crisis.

2. Once it is determined that a situation is a behavioral health crisis and immediate safety concerns have been addressed, responding members should be aware of the following considerations and should generally:

a. Evaluate safety conditions.

b. Introduce themselves and attempt to obtain the person's name.

c. Be patient, polite, calm, courteous and avoid overreacting.

d. Speak and move slowly and in a non-threatening manner.

e. Moderate the level of direct eye contact.

f. Remove distractions or disruptive people from the area.

g. Demonstrate active listening skills (e.g., summarize the person's verbal communication).

h. Provide for sufficient avenues of retreat or escape should the situation become volatile.

i. Officers should be aware that pepper spray, impact weapons, and electronic control weapons (ECWs) used in "contact" mode are normally ineffective due to the subject's elevated threshold of pain.

j. Alternately, a physical takedown using a swarming technique is an effective means of obtaining compliance as long as an adequate number of officers are available. A coordinated restraint plan should be devised quickly before implementing this approach.

k. Officers should use only those restraints that appear necessary to control the situation and only for the period of time required.

l. When restrained, officers should position the subject in a manner that will assist breathing, such as placement on his or her side, and avoid pressure to the chest, neck, or head.

m. Officers should not attempt to control continued resistance or exertion by pinning the subject to the ground or against a solid object, using their body weight.

n. Officers should check the subject's pulse and respiration on a continuous basis until transferred to EMS personnel. Officers shall ensure the airway is unrestricted and be prepared to administer CPR or an automated external defibrillator (AED) if the subject becomes unconscious.

o. Following a struggle, the subject should be showing normal signs of physical exertion such as heavy breathing. However, if the subject becomes calm and breathing is not labored during or after the application of restraints, it might be an indication that he or she is in jeopardy and requires immediate medical attention to avoid cardiac arrest.

p. As soon as control is obtained, pre-staged EMS personnel should examine the subject and provide emergency medical aid as necessary, to include sedation and cooling as indicated.

q. Whenever possible, an officer should accompany the subject to the medical facility for security purposes and to provide assistance as necessary.

3. Responding officers generally should not:

a. Use stances or tactics that can be interpreted as aggressive.

b. Allow others to interrupt or engage the person.

c. Corner a person who is not believed to be armed, violent or suicidal.

d. Argue, speak with a raised voice or use threats to obtain compliance.

G. Incident Orientation

1. When responding to an incident that may involve mental illness or a behavioral health crisis, the officer should seek critical information from the individual, witness, family members or others who may possess the knowledge. This includes:

a. Whether the person relies on drugs or medication, or may have failed to take his/her medication.

b. Whether there have been prior incidents, suicide threats/attempts, and whether there has been previous police response.

c. Contact information for a treating physician or mental health professional.

2. Additional resources and a supervisor should be requested as warranted. With supervisory approval, additional mental health services may be called upon for the following purposes:

a. Domestic violence matters where counseling of an urgent nature is necessary

b. Attempted suicides

c. Assistance with mentally ill persons

d. Assisting persons with substance abuse

e. Cases where the victim or any other person is obviously and urgently in need of trained counseling.

3. Crisis intervention is designed to provide emergency counseling and effective assistance to persons meeting the above criteria and freeing officers from these situations on a timely basis.

4. Officers should not leave a Mental Health worker alone in a situation where obvious potential danger exists.

5. Officers should not leave a Mental Health worker without fully briefing them on all of the details known to the officer. Officers should check back on the status of the worker.

H. Supervisor Responsibilities

1. A supervisor should be aware of any interaction with a person in crisis. Supervisors should:

a. Ensure appropriate and sufficient resources are sent to the scene.

b. Closely monitor any use of force, including the use of restraints, and ensure that those subjected to the use of force are provided with timely access to medical care.

c. Consider strategic disengagement. Absent an imminent threat to the public and, as circumstances dictate, this may include removing or reducing law enforcement resources or engaging in passive monitoring.

d. Ensure that all reports are completed and that incident documentation uses appropriate terminology and language.

I. Incident Reporting

1. Members engaging in any oral or written communication associated with a behavioral health crisis should be mindful of the sensitive nature of such communications and should exercise appropriate discretion when referring to or describing persons and circumstances.

2. Members having contact with a person in crisis should keep related information confidential, except to the extent that revealing information is necessary to conform to department reporting procedures or other official mental health or medical proceedings.

3. The primary officer should complete appropriate reports and/or forms after the completion of each event. This includes an incident report or white card, which should be completed after each contact with an individual in crisis

4. In order to assist with collaboration with and coordination of behavioral health resources for the individual who was in crisis, Officers are encouraged to author a report even after circumstances where an officer would normally clear with a Field Interview Card.

J. Diversion

1. Officers should avoid arresting individuals for behavioral manifestations of behavioral health actions that are not criminal in nature. When mentally incompetent person commit crimes and they meet the emergency petition requirements, officers shall take them into custody under the Mental Health Act and transport them to a mental health facility for evaluation arrested and taken to the Correctional Center for incarceration. If the person is incarcerated officers shall obtain a signed release from the doctor releasing the person.

2. Officers always have the non-arrest procedure of completing a citation or criminal summons option if the person is not committed to a facility but is in a condition that would prevent incarceration.

K. KPD nonsworn interaction with people in crisis

1. Nonsworn KPD members may be required to interact with persons in crisis in an administrative capacity, such as dispatching, records request, and animal control issues.

   a. Members should treat all individuals equally and with dignity and respect.

   b. If a member believes that he/she is interacting with a person in crisis, he/she should proceed patiently and in a calm manner.

   c. Members should be aware and understand that the person may make unusual or bizarre claims or requests.

2. If a person's behavior makes the member feel unsafe, if the person is or becomes disruptive or violent, or if the person acts in such a manner as to cause the member to believe that the person may be harmful to him/herself or others, an officer should be promptly summoned to provide assistance.

L. Evaluation

1. The appropriate Major designated to coordinate the crisis intervention strategy for this department should ensure that a thorough review and analysis of the department response to these incidents is conducted annually. The report will not include identifying information pertaining to any involved individuals, officers or incidents and will be submitted to the Chief of Police through the chain of command.

M. Training

In coordination with the mental health community and appropriate stakeholders, the department will develop and provide comprehensive education and training to all office members to enable them to effectively interact with persons in crisis.

1. All employees shall receive training on how to interact with individuals suspected to be suffering from mental illness at least annually. **(CALEA 41.2.7 e)**

2. All entry level personnel, sworn and non-sworn, shall receive documented training during Basic Law Enforcement Training ,during FTO training with the Police Department or through agency provided training during the orientation process upon being hired. **(CALEA 41.2.7d)**

3. Specialized Crisis Intervention Team training (40 Hours) should be provided to the selected officers as available