

Crisis Intervention Incidents

464.1 PURPOSE AND SCOPE

This policy provides guidelines for interacting with those who may be experiencing a mental health or emotional crisis. Interaction with such individuals has the potential for miscommunication and violence. It often requires a deputy to make difficult judgments about a person's mental state and intent in order to effectively and legally interact with the individual.

464.1.1 DEFINITIONS

Definitions related to this policy include:

Person in crisis - A person whose level of distress or mental 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.

464.2 POLICY

The Kitsap County Sheriff's Office is committed to providing a consistently high level of service to all members of the community and recognizes that persons in crisis may benefit from intervention. The Office will collaborate, where feasible, with mental health professionals to develop an overall intervention strategy to guide its members' interactions with those experiencing a mental health crisis. This is to ensure equitable and safe treatment of all involved.

464.3 SIGNS

Members should be alert to any of the following possible signs of mental health issues or crises:

- (a) A known history of mental illness
- (b) Threats of or attempted suicide
- (c) Loss of memory
- (d) Incoherence, disorientation or slow response
- (e) Delusions, hallucinations, perceptions unrelated to reality or grandiose ideas
- (f) Depression, pronounced feelings of hopelessness or uselessness, extreme sadness or guilt
- (g) Social withdrawal
- (h) Manic or impulsive behavior, extreme agitation, lack of control
- (i) Lack of fear
- (j) Anxiety, aggression, rigidity, inflexibility or paranoia

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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 mental health issue or crisis.

464.4 COORDINATION WITH MENTAL HEALTH PROFESSIONALS

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

464.5 FIRST RESPONDERS

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 mental health crisis. These individuals may still present a serious threat to deputies; such a threat should be addressed with reasonable tactics. Nothing in this policy shall be construed to limit a deputy's authority to use reasonable force when interacting with a person in crisis.

Deputies are reminded that mental health issues, mental health crises and unusual behavior alone are not criminal offenses. Individuals may benefit from treatment as opposed to incarceration.

A deputy 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 mental health crisis may be a factor.
- (b) Request available backup deputies 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 deputy.
- (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.

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464.6 DE-ESCALATION

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

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

- Evaluate safety conditions.
- Introduce themselves and attempt to obtain the person's name.
- Be patient, polite, calm, courteous and avoid overreacting.
- Speak and move slowly and in a non-threatening manner.
- Moderate the level of direct eye contact.
- Remove distractions or disruptive people from the area.
- Demonstrate active listening skills (e.g., summarize the person's verbal communication).
- Provide for sufficient avenues of retreat or escape should the situation become volatile.

Responding deputies generally should not:

- Use stances or tactics that can be interpreted as aggressive.
- Allow others to interrupt or engage the person.
- Corner a person who is not believed to be armed, violent or suicidal.
- Argue, speak with a raised voice or use threats to obtain compliance.

464.7 INCIDENT ORIENTATION

When responding to an incident that may involve mental illness or a mental health crisis, the deputy should request that the dispatcher provide critical information as it becomes available. 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 sheriff's response.
- (c) Contact information for a treating physician or mental health professional.

When practical, the Deputy should check any appropriate database or Records Management System for information regarding the person that may assist in responding to the particular incident.

Additional resources and a supervisor should be requested as warranted.

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464.8 SUPERVISOR RESPONSIBILITIES

A supervisor should respond to the scene of any interaction with a person in crisis. Responding supervisors should:

- (a) Attempt to secure appropriate and sufficient resources.
- (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 (see the Handcuffing and Restraints Policy).
- (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.
- (e) Evaluate whether a critical incident stress management debriefing for involved members is warranted.

464.9 INCIDENT REPORTING

Members engaging in any oral or written communication associated with a mental 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.

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 office reporting procedures or other official mental health or medical proceedings.

Incident reports shall be completed in the Records Management System and additional information shall be entered as directed into a designated mental health database.

464.9.1 ALERT FILE

Deputies (to include CIT members) in contact with subjects suffering from what appears to be a mental disorder crisis may submit a request for an entry into the Records Management System (RMS) Alert/Notes File or other designated database. The entry into the RMS can provide important information for officers who have contacts with the same subject in future crisis situation. The RMS entry request will be submitted to CIT who will further review the request to determine if it is an appropriate entry. If it is determined that the provided alert information will be entered into the RMS, a designated CIO will make the entry. The entry will describe unusual behaviors exhibited by the subject. The entry will not be a diagnosis of a mental health condition. The entry will include the date and CIO's name/badge # that makes the entry. Besides describing behaviors observed, the entry may also include the following:

- Triggers that may cause stress in the subject
- What calms and brings focus for the subject
- Names and contact information for friends, family or case workers who can help in the time of crisis

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464.9.2 DIVERSION

Individuals who are not being arrested should be processed in accordance with the Emergency Detentions Policy.

464.9.3 SUICIDE THREATS OR ATTEMPTS

Deputies should consider a referral to mental health services when a person has threatened or attempted suicide and the person does not qualify for emergency detention or voluntarily consent to immediate evaluation at a behavioral health facility (RCW 71.05.457).

- (a) Referrals should be made to the person by providing the name and phone number of the behavioral health agency and any available handouts.
- (b) The deputy may notify the behavioral health agency of the referral by phone or other method, in addition to preparing a written incident report.

Incident reports documenting a referral to a behavioral health agency should be sufficiently detailed regarding the nature of the incident and the person's behavior, to facilitate the behavioral health agency's prioritization and nature of their response. The deputy should promptly provide a copy of the report to the referred behavioral health agency (RCW 71.05.457).

464.10 NON-SWORN INTERACTION WITH PEOPLE IN CRISIS

Non-sworn members may be required to interact with persons in crisis in an administrative capacity, such as call receiving, records request, and property 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.

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, a deputy should be promptly summoned to provide assistance.

464.11 EVALUATION

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

464.12 TRAINING

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

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Training shall include mandated training in crisis intervention, certified by the Criminal Justice Training Commission, as required by Washington law (RCW 43.101.427; WAC 139-09-020 et seq.).