PURPOSE AND SCOPE

The Bellevue Police Department 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 Department 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. This policy provides guidelines for interacting with those who may be experiencing a behavioral health crisis.

DEFINITIONS

Behavioral Health Disorder- either a mental disorder, a substance use disorder, or a co-occurring mental disorder and substance use disorder as defined in Title 71 RCW.

Crisis Intervention Team (CIT) Training- training designed to provide tools and resources to Washington state law enforcement personnel in order to respond effectively to individuals who may be experiencing an emotional, mental, physical, behavioral, or chemical dependency crisis, distress or problem and that are designed to increase the safety of both criminal justice personnel and individuals in crisis.

Gravely Disabled- a condition in which a person, as a result of a behavioral health disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

Imminent- the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote.

Likelihood of Serious Harm (as defined in RCW 71.05.020)-

a) A substantial risk that:
    1. Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; or
    2. Physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or
    3. Physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
b) The person has threatened the physical safety of another and has a history of one or more violent acts.

Mental Disorder- any organic, mental, or emotional impairment which has substantial adverse effects on an individual's cognitive or volitional functions.

Mental Health Professional- a psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or social worker.

Triage Facility- a short-term facility or a portion of a facility licensed or certified by the department, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual and must meet department residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility.

POLICY

RECOGNIZING A PERSON IN CRISIS

When dealing with people who are known or suspected to be suffering from a behavioral health crisis, officers should attempt to use their training and experience to safely manage the person in crisis. Officers are not expected to make a judgment of the mental or emotional disturbance but rather recognize behavior that is potentially destructive and/or dangerous to self or others.

There are many behaviors associated with people suffering from a behavioral health crisis.

Behavior of an individual suffering from a behavioral health crisis may include one or more of the following:

- Threats of, or attempted suicide
- Depression, pronounced feelings of hopelessness, extreme sadness or guilt
- Social withdrawal
- Manic or impulsive behavior, extreme agitation, lack of control
- Rapid mood swings
- Lack of fear
- Feeling watched or followed
- Unreasonable fears
- Neglect personal hygiene
- Anxiety, aggression, rigidity, paranoia
- Incoherent or disorganized speech
- Delusional
- Talking or laughing to oneself
- Hearing commands from the television or radio
- Rapid speech
- Staring blankly or not moving for long periods of time
- Loss of memory or confusion
- Hearing, smelling, or seeing things that are not there

Not all individuals suffering from a behavioral health crisis are dangerous while some may represent danger only under certain circumstances or conditions. Officers may use several indicators to determine whether an individual suffering from a behavioral health crisis represents an immediate danger to themself or others. These may include, but are not limited to, the following:

- Availability of weapons
- Threatening statements by the person
- Past history of violence
- The amount of control the person exhibits over their emotions

Officers should be aware that this list is not exhaustive. These behaviors may be changed or intensified by the use of alcohol, illicit drugs, foreign/mind altering substances or the failure to take prescribed medications.

DE-ESCALATION- refer to BPD Policy *“01.00.011 - De-Escalation”*

RECOGNIZING EXCITED DELIRIUM

While the individual’s behavior may be of law enforcement concern and the person may be controlled for the safety of themselves and those around them, he/she must also be evaluated by medical professionals as soon as practical if exhibiting signs of excited delirium. Generally, individuals suffering from Excited Delirium may demonstrate some or all of the indicators below:

- Extremely aggressive or violent behavior
- Constant or near constant physical activity
- Does not respond to police presence
- Attracted to glass and reflection
- Attracted to bright lights and loud sounds
- Naked or inadequately clothed
- Hot to the touch
- Rapid breathing
- Profuse sweating
- Making unintelligible animal-like noises
- Impervious to pain
- Excessive strength
- Does not tire despite heavy exertion

When an officer recognizes a subject may be suffering from Excited Delirium, the officer should call for backup. Individuals suffering from Excited Delirium are often difficult to control and can demonstrate paranoia, violence, and feats of great strength.

Excited Delirium subjects are at a high risk for sudden death. Medics and emergency medical staff shall be dispatched, as soon as practicable, staged in the area and ready to respond once the individual is under police control.

If an officer or emergency medical staff believes the subject is suffering from Excited Delirium, the subject should, when practical, be transported by ambulance/aid car/or medic unit to a hospital for treatment. If a subject is not transported to a hospital, the officer or supervisor making that decision must articulate the reason why this was deemed not necessary and any medical treatment or screening that was provided at the scene.

FIRST RESPONDER SAFETY MEASURES

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 an individual in crisis.

Additionally, officers are reminded that persons suffering from or displaying behaviors associated with a behavioral health crisis may not be involved in criminal acts. Erratic or unusual behavior by itself is not considered a crime. Officers should be aware that persons exhibiting a behavioral health crisis may benefit from treatment as opposed to incarceration pursuant to RCW 10.31.110 (Alternatives to Arrest). However, nothing in this section should be construed as preventing an officer from making a good faith arrest in accordance with probable cause, if criminal activity has occurred.

An officer responding to a call involving an individual suffering from a behavioral health crisis should consider the following:

(a) Assess the situation along with the reported information and determine whether a mental health crisis may be a factor.

(b) Request available backup officers, 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 or items that can become weapons are present or available.

(e) Consider any past history of violence and threatening statements made by the subject.

(f) 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.

(g) Secure the scene and clear the immediate area as necessary.

(h) Move slowly and provide reassurance that you are there to help and provide care.

(i) Allow them to vent their frustrations safely.

(j) Try to avoid threatening the person with arrest..

(k) Attempt to guide the conversation toward a subject that helps to bring them back to calm.

(l) Employ tactics to preserve the safety of all participants by removing any dangerous weapons or items from the immediate area.

(m) Request a supervisor as needed.

(n) Request a Mental Health Professional, if feasible.

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

SUPERVISOR RESPONSIBILITIES

When a supervisor responds to the scene of any interaction with an individual suffering a behavioral health crisis, the responding supervisor should:

(a) Attempt to secure appropriate and sufficient resources for the specific situation.

(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, 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 department members is warranted.

EMERGENCY DETENTIONS

Individuals who are detained for a mental health evaluation under the Involuntary Treatment Act and not being arrested should be processed in accordance with BPD Policy *"7.00.055 - Emergency Behavioral Health Detentions."*

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 Department reporting procedures or other official mental health or medical proceedings (Refer to BPD Policy *"7.00.055 - Emergency Behavioral Health Detentions"*).

SPECIFIC REFERRAL CRITERIA TO MENTAL HEALTH AGENCY - THREATENED/ATTEMPTED SUICIDE (71.05.457)

Referrals to a mental health agency for individuals who have threatened/attempted suicide should be limited to instances where:

1. A person is the subject of a report of threatened or attempted suicide; and
2. The responding officer(s) believe, based on their training and experience, that the person could benefit from mental health services; and
3. The person does not consent to voluntary mental health services; and
4. The person is not involuntarily committed or involuntarily transported for a mental health evaluation under RCW 71.05 or RCW 71.34; and
5. The person is not being transported to a hospital or jail.

Upon responding to a report of threatened or attempted suicide where all of the aforementioned criteria are met, the primary officer is encouraged to refer the person to King County Crisis and Commitment Services (206) 436-3009 or other mental/behavioral health agency with Mental Health Professional (MHP) support. Referrals should be made via written documentation (*Mental Health Referral Form* and case report) and should include sufficient narrative for the mental health agency to understand the nature of the call, the behavior of the individual, and prioritize their level of response.

Referrals by written documentation can be supplemented with a phone call or dispatch referral to King County Crisis and Commitment Services (206) 436-3009 or other mental/behavioral health agency with Mental Health Professional (MHP) support. Phone calls or dispatch referrals should not be a substitute for written documentation referrals. Phone calls or dispatch referrals should be noted in the written documentation (Mental Health Referral Form and case report), including the date and time of the referral, and to whom the officer spoke.

Referrals made by written documentation only, without a phone call or dispatch referral to King County Crisis and Commitment Services, should be processed in as expeditious a manner as practicable. RCW 71.05.458 requires the behavioral health agency to attempt to contact the person as soon as possible, but not more than 24 hours (excluding holidays and weekends) after receiving the referral from law enforcement, to determine whether mental health intervention is necessary.

Referral for Treatment

For the person who does not exhibit behavior that meets emergency detention criteria and is willing to enter voluntary treatment, the officer can transport the individual to an appropriate triage facility, make a phone referral and/or arrange for a crisis outreach. The officer should place a call to the King County Mobile Crisis Team at (206) 245-3201 or other mental/behavioral health agency with Mental Health Professional (MHP) support. The officer will document this type of contact through a case report.

TREATMENT REFUSED/NO ACTION

If an officer contacts a person he/she believes to be in behavioral health crisis but the person refuses police assistance, the officer should contact the Crisis Clinic as soon as practical to review the facts of the situation. The officer will document this type of contact through a FIR or a case report.

MEDICAL RESPONSE FOR ARRESTEE

If a prisoner appears to be suffering from a behavioral health crisis and presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, a Mental Health Professional will be consulted to determine if the prisoner should be transferred to a hospital or if they can be detained in the King County or SCORE Jail. Any prisoner appearing to be under the influence of drugs shall be questioned as to what type of drug they have ingested, and their condition shall be monitored closely. If necessary, the prisoner

shall be transported to an approved hospital or Medical Center for examination by a qualified medical professional prior to being booked and placed in detention.

If the prisoner is refused by King County Jail or SCORE Correctional Facility due to their behavioral health crisis related behavior, the prisoner should be taken to an approved hospital.

FIREARMS AND OTHER WEAPONS

Officers should consider Extreme Risk Protection Orders (ERPO) when warranted (refer to policy 16.00.215 – Extreme Risk Protection Orders). Officers should be knowledgeable of RCW 71.05.182 (Six-Month Suspension of Right to Possess Firearms after Detention for Evaluation or Treatment).

LIABILITY

RCW 71.05.120(2): Peace officers and their employing agencies are not liable for the referral of a person, or the failure to refer a person, to a mental health agency pursuant to a policy adopted pursuant to RCW 71.05.457 if such action or inaction is taken in good faith and without gross negligence.

TRAINING

This Department will provide department-approved and state mandated training on interactions with persons suffering from behavioral health disorders, Emergency detentions, and crisis intervention. All training is documented in the City's Learning Management System as well as the employee's training file located in the Personnel Services Unit.