Crisis Intervention Incidents

409.1 PURPOSE AND SCOPE

Best Practice

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 an officer to make difficult judgments about a person's mental state and intent in order to effectively and legally interact with the individual.

409.1.1 DEFINITIONS

Best Practice MODIFIED

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; noncompliance 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.

Crisis Intervention Team (C.I.T.): A group of officers specially trained to deal with emotionally disturbed individuals in a variety of situations in the community. These situations may include suicidal persons, persons exhibiting irrational behavior, handling psychiatric patients, the homeless, various mental health concerns and/or referrals, and any other situations that deal specifically with the needs of the mental health community and emotionally disturbed persons.

Mental Illness: A disorder in which individuals experience periodic problems with feeling, thinking, and/or judgment to such an extent that the person afflicted requires care, treatment, and rehabilitation. Mental illness may be acute and time limited or chronic and lifelong. Mental illness may occur in anyone.

Behavioral Health Crisis: An episode of mental and/or emotional distress in a person that is creating significant or repeated disturbance and is considered disruptive by the community, friends, family or the person themselves.

409.2 POLICY

Best Practice MODIFIED

The Auburn 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 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.

409.3 SIGNS

Best Practice

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 or lack of control

(i) Lack of fear

(j) Anxiety, aggression, rigidity, inflexibility or paranoia

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

409.4 COORDINATION WITH MENTAL HEALTH PROFESSIONALS

Best Practice **MODIFIED**

The Chief of Police should designate an appropriate Crisis Intervention Coordinator to collaborate with mental 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.

409.5 FIRST RESPONDERS

Best Practice **MODIFIED**

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 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.

Officers are reminded that mental health issues and mental health crises are not criminal offenses. Individuals may benefit from treatment as opposed to incarceration.

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 mental 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.

409.6 DE-ESCALATION

Best Practice **MODIFIED**

Officers 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 and 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 (i.e., summarize the person's verbal communication).
- Provide for sufficient avenues of retreat or escape should the situation become volatile.

Responding officers generally should not:

- Use stances or tactics that can be interpreted as aggressive.
- Allow others to interrupt.

- 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.

409.7 INCIDENT ORIENTATION

Best Practice

When responding to an incident that may involve mental illness or a mental health crisis, the officer 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 or suicide threats/attempts, and whether there has been previous police response.

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

Additional resources and a supervisor should be requested as warranted.

409.8 SUPERVISOR RESPONSIBILITIES

Best Practice **MODIFIED** **NYSLEAP - 8.4 - 40.2**

A supervisor should respond to the scene of any interaction with a person in crisis, when requested or warranted. Responding supervisors should:

(a) Attempt to secure appropriate and sufficient resources, including the need for a Crisis Intervention Officer, CIT Team, and/or Mobile Crisis Team.

(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.

(e) Evaluate whether a critical incident stress management debriefing for involved members is warranted.

409.9 INCIDENT REPORTING

Best Practice

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.

409.9.1 DIVERSION

Best Practice **MODIFIED**

Individuals who are not being arrested for criminal offenses should be processed in accordance with the Emergency Admissions Policy.

409.10 CIVILIAN INTERACTION WITH PEOPLE IN CRISIS

Best Practice

Civilian or clerical 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.

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.

409.11 EVALUATION

Best Practice **MODIFIED**

The Crisis Intervention Coordinator, in coordination with the Training and Planning Administrator, will 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.

409.12 TRAINING

Best Practice

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

409.12.1 CIT TEAM REQUIREMENTS

Agency Content

(a) All members of the Crisis Intervention Team must complete a 40 hour C.I.T. Certification course.

(b) Further training will be set forth by the CIT Coordinator and Training Office.

409.13 CIT ACTIVATION

Agency Content

(a) On-duty members, if available, will be activated via E-911 under the following circumstances:

1. An individual is actively threatening to and/or is inflicting harm upon self/others and is exhibiting signs and/or symptoms of a mental health crisis.
2. Request for transport by an authorized agent pursuant to Mental Hygiene Law 9.45 and 9.60.
3. As requested by any member of the Department or by members of various mental health agencies/hospitals that request a C.I.T. officer.
4. Any situation that indicates the subject may be having a behavioral health crisis or demonstrates conduct that they are a danger to themselves, which includes a person's refusal or inability to meet their essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is no immediate intervention.
5. At the request of a supervisor.

(b) Off-duty C.I.T. members can be activated by the Supervisor in charge, if warranted.

(c) Utilization of a C.I.T. member does not relieve supervisors or members of their duty regarding transporting, reports, custody, etc.

(d) Documentation:

1. C.I.T. members will complete an incident report.
2. The C.I.T. member will forward the incident report to the C.I.T. Coordinator.
3. The C.I.T. Coordinator may forward the incident report to Cayuga County Mental Health for follow up and/or referral purposes.