

Crisis Intervention Incidents

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

430.1.1 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.

430.2 POLICY

The Lacey 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.

430.3 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.

430.4 COORDINATION WITH MENTAL HEALTH PROFESSIONALS

The Chief of Police should designate an appropriate Division Commander 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.

430.5 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 officers; such a threat should be addressed with reasonable tactics, keeping in mind that:

1. Force may only be used to protect against criminal conduct where there is probable cause to make an arrest; effect an arrest; prevent an escape as defined under chapter 9A.76 RCW; or protect against an imminent threat of bodily injury to the peace officer, another person, or the person against whom force is being used.

2. A peace officer shall use reasonable care when determining whether to use physical force and when using any physical force against another person. To that end, a peace officer shall:

(a) When possible, exhaust available and appropriate de-escalation tactics prior to using any physical force, such as:

- Creating physical distance by employing tactical repositioning and repositioning as often as necessary to maintain the benefit of time, distance, and cover;
- When there are multiple officers, designating one officer to communicate in order to avoid competing commands;
- Calling for additional resources such as a crisis intervention team or mental health professional when possible;
- Calling for back-up officers when encountering resistance;
- Taking as much time as necessary, without using physical force or weapons; and
- Leaving the area if there is no threat of imminent harm and no crime has been committed, is being committed, or is about to be committed.

(b) When using physical force, use the least amount of physical force necessary to overcome resistance under the circumstances. This includes a consideration of the characteristics and conditions of a person for the purposes of determining whether to use force against that person and, if force is necessary, determining the appropriate and least amount of force possible to effect a lawful purpose. Such characteristics and conditions may include, for example, whether the person:

- Is visibly pregnant, or states that they are pregnant;
- Is known to be a minor, objectively appears to be a minor, or states that they are a minor;
- Is known to be a vulnerable adult, or objectively appears to be a vulnerable adult as defined in RCW 3074.34.020;

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- [Displays signs of mental, behavioral, or physical impairments or disabilities;](#)
- [Is experiencing perceptual or cognitive impairments typically related to the use of alcohol, narcotics, hallucinogens, or other drugs;](#)
- [Is suicidal;](#)
- [Has limited English proficiency; or](#)
- [Is in the presence of children. \(HB1310\)](#)

~~Nothing in this policy shall be construed to limit 's authority to use reasonable force when interacting with a person in crisis.~~

Officers 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.

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

- Promptly assess the situation independent of reported information and make a preliminary determination regarding whether a mental health crisis may be a factor [and if a law enforcement presence is necessary. If law enforcement personnel are not necessary, Officers should leave the scene and, if appropriate, refer the incident to other resources.](#)
- [If law enforcement is necessary at the scene,](#) 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.
- If feasible, and without compromising safety, turn off flashing lights, bright lights or sirens.
- Attempt to determine if weapons are present or available.
- 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.
- Secure the scene and clear the immediate area as necessary.
- Employ tactics to preserve the safety of all participants.
- Determine the nature of any crime.
- Request a supervisor, as warranted.
- Evaluate any available information that might assist in determining cause or motivation for the person's actions or stated intentions.
- If circumstances reasonably permit, consider and employ alternatives to force.

430.6 DE-ESCALATION

Officers should consider that taking no action, [clearing the scene](#), or passively monitoring the situation may be the most reasonable response to a mental health crisis.

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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 officers 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.

430.7 INCIDENT ORIENTATION

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, 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.

430.8 SUPERVISOR RESPONSIBILITIES

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

- (a) [Determine if a law enforcement presence is necessary at the incident and clear all law enforcement personnel from the scene if not warranted.](#)
- (b) Attempt to secure appropriate and sufficient resources.

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- (c) Closely monitor any use of force, including the use of restraints, and ensure [policies are followed including mandates for deescalation and](#) that those subjected to the use of force are provided with timely access to medical care (see the Handcuffing and Restraints Policy).
- (d) 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.
- (e) Ensure that all reports are completed and that incident documentation uses appropriate terminology and language.
- (f) Conduct an after-action tactical and operational debriefing, and prepare an after-action evaluation of the incident to be forwarded to the Division Commander.
- (g) Evaluate whether a critical incident stress management debriefing for involved members is warranted.

430.9 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 department reporting procedures or other official mental health or medical proceedings.

430.9.1 DIVERSION

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

430.9.2 SUICIDE THREATS OR ATTEMPTS

Officers 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 officer 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 officer should promptly provide a copy of the report to the referred behavioral health agency (RCW 71.05.457).

[Involuntary Committal](#)

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[RCW 71.05.153 provides authority for Officers to take an individual experiencing a mental health crisis into custody when they have “reasonable cause to believe that such person is suffering from a mental disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled.” Persons taken into custody under this statute are to be “immediately delivered to a triage facility, crisis stabilization unit, evaluation or treatment facility, or the emergency department of a local hospital”.](#)

[RCW 71.05.120 states Officers shall not be civilly or criminally liable for detaining a person for evaluation or treatment under the above statute, “PROVIDED, that such duties were performed in good faith and without gross negligence.”](#)

[A police report completed by the detaining Officer will document all involuntary committals. \(existing Policy 3.8\)](#)

430.10 CIVILIAN INTERACTION WITH PEOPLE IN CRISIS

Civilian members may be required to interact with persons in crisis in an administrative capacity, such as ~~dispatching~~, records requests [or front lobby contacts](#) , ~~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.

430.11 EVALUATION

The Division Commander 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.

430.12 TRAINING

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.

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.).