

Crisis Intervention Incidents

409.1 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 public safety 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

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.

Mental Illness (MCL 330.1440(g)) – means a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.

Protective Custody (MCL 330.1100(c)) – means the temporary custody of an individual by a peace officer, with or without the individual's consent, for the purpose of protecting that individual's health and safety, or the health and safety of the public, and for the purpose of transporting the individual if the individual appears, in the judgment of the peace officer, to be a person requiring treatment. Protective custody is civil in nature and is not to be construed as an arrest.

409.2 POLICY

The Kalamazoo Department of Public Safety 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.

409.3 MICHIGAN MENTAL HEALTH CODE SECTION 330.1427

If a peace officer observes an individual conducting himself or herself in a manner that causes the peace officer to reasonably believe that the individual requires treatment as defined below, the peace officer may take the person into protective custody and transport the person to a preadmission screening unit designated by a community mental health services program for examination under section 330.1429 or for mental health intervention services (Borgess Hospital is the designated pre-admission screening unit for Kalamazoo County).

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A peace officer is not financially responsible for the cost of care of an individual for whom a peace officer has executed an application under section 330.1427.

409.4 PERSONS REQUIRING TREAT (MICHIGAN MENTAL HEALTH CODE 330.1401)

As used in this chapter, "person requiring treatment" means (a), (b), (c), or (d):

a. An individual who has mental illness, and who as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure himself, herself, or another individual, and who has engaged in an act or acts or made significant threats that are substantially supportive of the expectation; or

b. A person who has mental illness, and as a result is unable to attend to his or her basic physical needs such as food, clothing, or shelter that must be attended to in order for the individual to avoid serious harm in the near future, and who has demonstrated that inability by failing to attend to those basic physical needs; or

c. An individual who has mental illness, whose judgment is so impaired by that mental illness that he or she is unable to understand his or her need for treatment, and whose impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of significant physical or mental harm to the individual in the near future or presents a substantial risk of physical harm to others in the near future; or

d. An individual who has mental illness, whose understanding of the need for treatment is impaired to the point that he or she is unlikely to voluntarily participate in or adhere to treatment that has been determined necessary to prevent a relapse or harmful deterioration of his or her condition, and whose noncompliance with treatment has been a factor in the individual's placement in a psychiatric hospital, prison, or jail at least 2 times within the last 48 months or whose noncompliance with treatment has been a factor in the individual's committing 1 or more acts, attempts, or threats of serious violent behavior within the last 48 months. An individual under this subdivision is only eligible to receive assisted outpatient treatment.

An individual whose mental processes have been weakened or impaired by a dementia, an individual with a primary diagnosis of epilepsy, or an individual with alcoholism or other drug dependence **is not** a person requiring treatment under this chapter unless the individual also meets the criteria specified in subsection (1). An individual described in this subsection may be hospitalized under the informal or formal voluntary hospitalization provisions of this chapter if he or she is considered clinically suitable for hospitalization by the hospital director.

409.5 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

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- (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.

409.6 COORDINATION WITH MENTAL HEALTH PROFESSIONALS

The Chief of Public Safety 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.

409.6.1 COUNTY INTERAGENCY AGREEMENT

The Department will actively participate in the county interagency agreement regarding assistance for individuals with serious mental illnesses (MCL 330.1207a).

409.7 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 public safety officers; such a threat should be addressed with reasonable tactics. Nothing in this policy shall be construed to limit a public safety officer's authority to use reasonable force when interacting with a person in crisis.

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

A public safety 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 illness may be a factor.
- (b) Request backup public safety officers (preferably a C.I.T. trained officer) and specialized resources as deemed necessary.
- (c) Use conflict resolution and de-escalation techniques to stabilize the incident as appropriate.
- (d) If feasible, and without compromising safety, turn off flashing lights, bright lights or sirens.
- (e) Attempt to determine if weapons are present or available.

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- (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 public safety officer.
- (g) Secure the scene and clear the immediate area as necessary.
- (h) Employ tactics to preserve the safety of all participants.
- (i) Determine the nature of any crime.
- (j) Request a supervisor, as warranted.
- (k) Evaluate any available information that might assist in determining cause or motivation for the person's actions or stated intentions.
- (l) If circumstances reasonably permit, consider and employ alternatives to force.
- (m) Request an ambulance to stand-by if circumstances dictate.

Public Safety Officers should follow all procedures set forth by the county interagency agreement when responding to individuals in crisis (MCL 330.1207a).

409.8 DE-ESCALATION

Public Safety 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 public safety 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.

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409.9 INCIDENT ORIENTATION

When responding to an incident that may involve mental illness or a mental health crisis, the public safety 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 public safety response.
- (c) Contact information for a treating physician or mental health professional, if known

Additional resources and a supervisor should be requested as warranted.

409.10 C.I.T. OFFICER RESPONSE

a. When a C.I.T. officer is on the scene of a mental illness investigation, the officer will take charge of the scene. The backup unit will assist with any requests of the C.I.T. officer and physical intervention, if required.

b. The C.I.T. officer will determine if the criteria have been met to enforce an immediate protective custody detention and arrange transport for mental health services.

c. A person will not be permitted to voluntarily sign into a treatment facility if the individual has a blood alcohol level of .05 or above, ingested any lethal amounts of over-the counter medicine, ingested prescribed medicines in more than prescribed dosage amounts, ingested any type of illegal substance, or have demonstrated that they are a danger to self or others, including a non-life threatening suicide attempt. The person will be held under the authority of the petition completed by a certified C.I.T. officer or other officer.

409.11 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) Absent an imminent threat to the public, consider strategic disengagement. 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.

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409.12 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.

409.13.1 DIVERSION

Individuals who are not being arrested should be processed in accordance with the Civil Commitments Policy. The preferred disposition for incidents involving a person in crisis is to generate a case and transport to Borgess Hospital for evaluation. Arrests should be avoided unless it involves a felony or domestic violence incident.

409.14 CIVILIAN INTERACTION WITH PEOPLE IN CRISIS

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, a public safety officer should be promptly summoned to provide assistance.

409.15 EVALUATION

The Training Division Commander shall 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, public safety officers or incidents and will be submitted to the Chief of Public Safety through the chain of command.

409.16 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. Additionally, the Training Division Commander shall ensure that:

a. All C.I.T. officers will receive a minimum of 32 hours of initial training.

b. Each graduate of the C.I.T. program will be required to attend re-fresher training at a _____

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minimum triennially and as deemed necessary by the Training Division Commander.