
Crisis Intervention Incidents

504.1 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.

504.1.1 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 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.

504.2 POLICY

The Humboldt County Probation Department (HCPD) 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.

504.3 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, or lack of control
- (i) Lack of fear
- (j) Anxiety, aggression, rigidity, inflexibility, or paranoia

Crisis Intervention Incidents

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.

504.4 COORDINATION WITH MENTAL HEALTH PROFESSIONALS

The Chief Probation Officer should designate the Training Manager and appropriate supervisors 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 probationers who may be in crisis, and may also be used to develop case management plans for probationers suffering from mental illness.

504.5 CRISIS INTERVENTION RESPONSE

Safety is a priority during any crisis intervention. 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, mental health crises, and unusual behavior are not criminal offenses. Individuals may benefit from treatment as opposed to incarceration.

An officer interacting with 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 local law enforcement and/or 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) Attempt to determine if weapons are present or available.
 1. Prior to making contact, and whenever possible and reasonable, conduct a search of the Department of Justice Automated Firearms System via the California Law Enforcement Telecommunications System (CLETS) to determine whether the person is the registered owner of a firearm (Penal Code § 11106.4).
- (d) Take into account the person's mental and emotional state and potential inability to understand commands or to appreciate the consequences of action or inaction, as perceived by the officer.
- (e) Secure the scene and clear the immediate area as necessary.
- (f) Employ tactics to preserve the safety of all participants.
- (g) Determine the nature of any crime and report the same to local law enforcement, if applicable.
- (h) Request a supervisor, as warranted.

Crisis Intervention Incidents

- (i) Evaluate any available information that might assist in determining cause or motivation for the person's actions or stated intentions.
- (j) If circumstances reasonably permit, consider and employ alternatives to force.

504.6 DE-ESCALATION

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, 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.

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.

504.7 INCIDENT ORIENTATION

When encountering an incident that may involve mental illness or a mental health crisis, the officer should request critical information as it becomes available. This includes:

- (a) Whether the person relies on drugs or medication or may have failed to take medication.
- (b) Whether there have been prior incidents or suicide threats/attempts, and whether there has been previous probation or other law enforcement response.
- (c) Contact information for a treating physician or mental health professional.

Additional resources and a supervisor should be requested as warranted.

Crisis Intervention Incidents

504.8 SUPERVISOR RESPONSIBILITIES

If possible, 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 department resources or engaging in passive monitoring.
- (d) Ensure that all reports are completed and that incident documentation uses appropriate terminology and language.
- (e) Conduct an after-action tactical and operational debriefing and prepare an incident report to be forwarded to the supervisor.
- (f) Evaluate whether a critical incident stress management debriefing for involved members is warranted.

504.9 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.

504.10 NON-SWORN INTERACTION WITH PEOPLE IN CRISIS

Members, including but not limited to clerical staff, may interact with persons in crisis in an administrative capacity, such as during records requests or phone calls.

- (a) Members should treat all individuals equally and with dignity and respect.
- (b) If during an interaction, a member believes a person is in crisis, the member 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 self-harm or be harmful to others, an officer should be promptly summoned to provide assistance.

Humboldt County Probation Department

Probation Manual

Crisis Intervention Incidents

504.11 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.