

## Crisis Intervention Incidents

### 426.1 PURPOSE AND SCOPE

This policy provides guidelines for interacting with those who may be experiencing a behavioral health 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.

#### 426.1.1 DEFINITIONS

Definitions related to this policy include:

**Behavioral Health** - The overall condition of an individual's behavior and how the individual responds to, or processes a stimuli. A person can demonstrate negative behavioral health, and not be diagnosed with a mental illness.

**Mental Illness** - A person who is mentally ill suffers from a specific diagnoses described in Diagnostic and Statistical Manual of Mental Disorders (DSM) V.

**Person in crisis** - A person whose level of distress or behavioral 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.

### 426.2 POLICY

The Urbana Police Department strives to provide a consistently high level of service to all members of the community and recognize that persons in crisis may benefit from intervention. The Department will collaborate, where feasible, with behavioral health professionals to develop an overall intervention strategy to guide its members' interactions with those experiencing a behavioral health crisis. This is to ensure equitable and safe treatment of all involved.

### 426.3 SIGNS

Members should be alert to any of the following possible signs of behavioral 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

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- (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

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 behavioral health issue or crisis.

#### **426.4 COORDINATION WITH MENTAL HEALTH PROFESSIONALS**

The Chief of Police should designate an appropriate Division Commander to collaborate with behavioral 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.

#### **426.5 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 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 a person in crisis.

Officers are reminded that behavioral health issues, behavioral health crisis and unusual behavior alone are not criminal offenses. Individuals may benefit from treatment as opposed to incarceration.

The Urbana Police Department has officers specially trained to respond to individuals in a behavioral health crisis. These officers make up the Crisis Intervention Team (CIT). Officers and supervisors should endeavor to have a CIT officer respond to situations where it is known, or reasonably should be known, that an individual is experiencing a behavioral health crisis. The responding CIT officer may be from UPD or another local police department. (Refer to the Champaign County CIT Response General Order for further direction regarding CIT response and expectations.)

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 behavioral 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.

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- (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.

#### **426.6 DE-ESCALATION**

Officers should consider that taking no action or passively monitoring the situation may be the most reasonable response to a behavioral health crisis.

Once it is determined that a situation is a behavioral 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.

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### **426.7 INCIDENT ORIENTATION**

When responding to an incident that may involve mental illness or a behavioral health crisis, the officer should seek critical information from the individual, witness, family members or others who may possess the knowledge.. 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. County Mental Health to provide around the clock professional mental health support and services. With supervisory approval, Champaign County Mental Health may be called upon for the following purposes:

- Domestic violence matters where counseling of an urgent nature is necessary
- Attempted suicides
- Assistance with mentally ill persons
- Assisting persons with substance abuse
- Cases where the victim or any other person is obviously and urgently in need of trained counseling.

Crisis intervention is designed to provide emergency counseling and effective assistance to persons meeting the above criteria and freeing officers from these situations on a timely basis.

Officers should not leave a Champaign County Mental Health worker alone in a situation where obvious potential danger exists.

Officers should not leave the Champaign County Mental Health worker without fully briefing them on all of the details known to the officer. Officers should check back on the status of the worker.

### **426.8 SUPERVISOR RESPONSIBILITIES**

A supervisor should be aware of any interaction with a person in crisis. Supervisors should:

- (a) Ensure appropriate and sufficient resources are sent to the scene.
- (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, 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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### **426.9 INCIDENT REPORTING**

Members engaging in any oral or written communication associated with a behavioral 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.

The primary officer should complete appropriate reports and/or forms after the completion of each event. This includes a CIT form, which should be completed after each contact with an individual in crisis

In order to assist with collaboration with and coordination of behavioral health resources for the individual who was in crisis, Officers are encouraged to author a report even after circumstances where an officer would normally clear with a Field Interview Card.

#### **426.9.1 DIVERSION**

Officers should avoid arresting individuals for behavioral manifestations of behavioral health actions that are not criminal in nature. When mentally incompetent person commit crimes and they meet the emergency petition requirements, officers shall take them into custody under the Mental Health Act and transport them to a mental health facility for evaluation. If the medical personnel release the person and do not maintain custody, the person may be arrested and taken to the Correctional Center for incarceration. If the person is incarcerated officers shall obtain a signed release from the doctor releasing the person.

Officers always have the Notice to Appear options if the person is not committed to a facility but is in a condition that would prevent incarceration.

### **426.10 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 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.

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#### **426.11 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.

#### **426.12 TRAINING**

Subject to available resources, the Department will provide training to department members to enable them to effectively interact with persons in crisis.

Training may include the ILETSB's training on crisis response (50 ILCS 705/10.17).