

CHAPTER 14
CRISIS INTERVENTION
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TABLE OF CONTENTS

<u>PURPOSE</u>	14-3
<u>INTRODUCTION</u>	14-3
<u>POLICY</u>	14-4
Crisis.....	14-4
Mental Illness.....	14-4
Recognition.....	14-4
Signs and Symptoms.....	14-4
Risk Assessment.....	14-5
Communication and Compliance.....	14-6
Disposition.....	14-6
Documentation.....	14-10
<u>TRAINING</u>	14-11
Cadets.....	14-11
Probationary Officers.....	14-11
Transferring Officers.....	14-12
Dispatchers.....	14-12
Nonuniformed Employees.....	14-12
Field Training and Evaluation Program.....	14-12
First-Line Supervisors' Academy.....	14-12
Middle Managers' Training Course.....	14-13
Solid, Realistic, Ongoing, Verifiable Training Program.....	14-13
Uniformed Employee Annual Refresher Training.....	14-13
 <u>ANNEXES</u>	
<u>A</u> – CRISIS INTERVENTION PROCEDURE GUIDE.....	14-15
<u>B</u> – ACTIVITY TRACKING SYSTEM ENTRY EXAMPLE.....	14-17

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CHAPTER 14
CRISIS INTERVENTION

1. PURPOSE.

a. The purpose of this policy is to provide guidance to all departmental personnel when interacting with a person with mental illness or experiencing a crisis. This information may be applicable during any type of encounter, and includes field and administrative contacts, interviews, and interrogations. Personnel should utilize this information to assist them in evaluating whether a person's behavior is indicative of mental illness or a crisis, and to resolve contacts or incidents in a safe and appropriate manner.

2. INTRODUCTION.

a. The Office of Employee Safety and Assistance (OESA) shall be responsible for the administration and overall success of the Crisis Intervention Training (CIT) Program. Additionally, OESA shall serve as the Office of Primary Interest and will restate the importance of the program's success.

b. The Crisis Intervention Training Unit (CITU) sergeant is assigned to OESA and is responsible for the implementation of the program's training and evaluation system. This position has review and oversight responsibility for the statewide operation of the program and coordinates with departmental Divisions and Areas to ensure the appropriate training is made available to all employees. The statewide CITU supervisor reviews and maintains the current training curricula, oversees the content and delivery of training, and upholds the integrity of the program. The statewide CITU sergeant has two critical responsibilities:

(1) Ensure all CITU training products are being implemented in a standardized manner

(2) Ensure all training is consistent with the minimum standards set forth by the Commission on Peace Officer Standards and Training (POST), the Commission on Accreditation for Law Enforcement Agencies (CALEA), and all applicable laws.

c. The CIT Program is an important component of the Department's operations, and impacts a large number of departmental personnel, as well as the public. It is critical for this program to be managed effectively, so it functions consistently with other field operations.

d. Nothing in this chapter is intended to supersede or replace existing departmental policy related to officer or employee safety. During all contacts with those who have a mental illness or are in crisis, safety shall be the primary concern.

3. POLICY.

a. Crisis. For the purpose of this chapter, the term crisis is a time or situation of intense difficulty, trouble, or danger. In mental health terms, a crisis refers to a person's reaction to a traumatic time or situation. Departmental employees may have to manage both a situation and a person's resulting reaction.

b. Mental Illness. Mental illness affects people of all ages, ethnic groups, and socioeconomic backgrounds. Mental illness affects emotions, thought processes, and perceptions. Mental illness may cause abnormal or inappropriate behavior which can vary in severity and duration from one episode to the next. People can be affected for a few weeks or months, while others may be affected for years or a lifetime. There are many types of mental illness, each with its own specific characteristics. The most common categories of mental illness are Major Depression, Bipolar Disorder, Schizophrenia, Autism, Alzheimer's or Dementia, and Post-Traumatic Stress Disorder. A person can have a mental illness and not be in crisis, just as a person can experience a crisis and not have a mental illness.

c. Recognition. Only a trained mental health professional can diagnose mental illnesses. Departmental personnel are not expected to diagnose, but rather recognize general behaviors indicative of mental illness or a crisis.

d. Signs and Symptoms. The following are generalized signs and symptoms of behavior that may indicate the presence of mental illness or a crisis. Personnel should not rule out other potential causes, such as reactions to narcotics or alcohol, temporary emotional disturbances, and other medical conditions (e.g., diabetic or insulin shock). Below is a sample list of symptoms:

- (1) Strong and unrelenting fear of people, places, or things. Extremely inappropriate behavior for a given situation.
- (2) Abnormal frustration in new or unforeseen circumstances, inappropriate, or aggressive behavior in dealing with a situation.
- (3) Abnormal memory loss related to common facts, such as name or home address.
- (4) Delusions: the belief in thoughts or ideas that are not based in reality. For instance, delusions of grandeur (e.g., "I am the President."), or paranoid delusions (e.g., "Everyone is out to get me.").

(5) Hallucinations: the false sensations of any of the five senses, such as hearing voices, seeing objects or people, physical stimuli (touch), strange smells, or taste.

(6) The belief that one suffers from extraordinary physical problems that are not possible, such as people who are convinced their heart has stopped beating for extended periods of time.

e. Risk Assessment. Not all people affected by mental illness are dangerous. Some may only present dangerous behavior under certain circumstances or conditions. Attempt to obtain as much information about the person with the mental illness or who is in crisis, as well as the given circumstances, to assess the situation. Safety factors should be assessed when contacting the person, including:

(1) The availability of any weapons.

(2) Location of the contact (limiting exposure to traffic and hazards).

(3) Statements by the person that suggest they are prepared to commit a violent or dangerous act.

(4) A personal history that reflects prior violence. Family, friends, or neighbors might provide such information if the person's history is not already known by responding personnel.

(5) The degree of self-control a person demonstrates is critical, particularly over emotions including: rage, anger, fright, and agitation. Signs of a lack of self-control include extreme agitation, inability to sit still or communicate effectively, a wide-eyed gaze, and rambling speech. In addition, clutching oneself or other objects to maintain control, begging to be left alone, or offering frantic assurances that they are "all right" may also suggest diminishing control.

(6) Continually evaluate the volatility of the environment. Factors that may affect the person's agitation level, create a hostile environment, or incite violence, should be taken into account and mitigated. Examples may include loud radios and sirens, too many unknown people at the immediate scene, and too many employees attempting to communicate with the person.

(7) A person affected by mental illness, or a crisis may rapidly change their demeanor from calm and command-responsive, to physically active and nonresponsive. This change in behavior may come from an external trigger (e.g., an officer saying, "I have to handcuff you now."), or from internal stimuli (delusions or hallucinations). A variation in the person's demeanor does not

necessarily mean they will become violent or threatening, but personnel should be prepared for a rapid change in behavior.

f. Communication and Compliance. Effective communication can calm a person. When communicating with a person and attempting to gain compliance, deception is not recommended. If the person becomes aware of deception, they may stop trusting personnel, withdraw from the contact, become hypersensitive, or retaliate in anger. In the event a person is experiencing delusions or hallucinations, statements by personnel such as, "I am not seeing what you are seeing, but I believe you are seeing (the hallucination, etc.)" are recommended. Engaging in the person's delusion or hallucination is not advised.

g. Disposition. During encounters with people suspected of having mental illness, officers shall take the appropriate action based on the totality of the circumstances. These actions may include:

(1) Release. Officers may offer mental health referral information to the individual or family members.

(2) Arrest. A person shall not be arrested solely for behavioral manifestations of mental illness that are not criminal in nature. Officers throughout the state often encounter people who have committed a crime and have mental illness. When appropriate, mental health care should supersede a criminal arrest.

(a) If the person commits an arrestable offense and does not fulfill the probable cause elements of a Section 5150 Welfare and Institutions Code (WIC) detention, the officer should arrest the person following appropriate arrest procedures. If mental illness is a known factor of the arrest but does not rise to the level of a Section 5150 WIC detention, details of what caused the officer to suspect or believe the person had mental illness and how it pertains to the arrest should be included in the officer's arrest report.

(b) If the person commits an arrestable offense and fulfills the elements of Section 5150 WIC, the officer shall contact a supervisor and request approval to begin the process for a Section 5150 WIC detention in lieu of booking at a jail facility. If the decision is made for a Section 5150 WIC detention, a criminal complaint should be filed.

(c) If the person commits an arrestable offense and fulfills the elements of Section 5150 WIC, and a supervisor approves booking, the booking facility shall be notified of the circumstances prior to the arrival of the person arrested. Supervisors should consider the following factors when determining whether to book or detain for Section 5150 WIC:

- 1 Severity of the crime.
- 2 Severity of the mental illness.
- 3 The person's mental health history.
- 4 Benefit of mental health services vs. incarceration.
- 5 Availability of psychological services at the booking facility.

(d) Some jail facilities will have psychiatric services personnel available to conduct a psychological evaluation on a person who has been arrested for a bookable offense, and also meets the probable cause requirement for a Section 5150 WIC detention. If psychiatric services are available, the detention will be conducted at the jail facility after criminal booking.

(3) Mental Illness Detention.

(a) Officers shall afford people with mental illness the same rights, dignity, and compassion as provided to all people. Those who do not meet the statutory requirements of Section 5150 WIC shall not be taken into custody solely for behavioral manifestations of mental illness.

(b) Pursuant to Section 5150 WIC, officers and qualified personnel may detain any person who, as a result of mental illness, is gravely disabled or a danger to themselves or others, which permits such people to be detained for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placed in a facility designated by the county for evaluation and treatment. Refer to local standard operating procedures for specific guidelines and required documentation.

(c) Officers may detain a person pursuant to Section 5150.05 WIC, which allows for information developed into probable cause to be elicited from a third party.

1 A third party providing information may be a family member, mental health professional, or other designated persons (Section 5150.05 WIC).

2 Officers shall consider relevant information about the history of a person's mental illness, as well as their current state, to determine third-party probable cause for a 72-hour hold (Section 5150.05 WIC).

(d) Officers are required to advise the person being detained that it is not a criminal arrest. Pursuant to Section 5150(g)(1) WIC, each person, at the

time they are first taken into custody under this section, shall be provided, by the person who takes them into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing. The information shall be in substantially the following form:

1 “My name is__. I am a peace officer with the California Highway Patrol. You are not under criminal arrest, but I am taking you for an examination by mental health professionals at (name of facility). You will be told your rights by the mental health staff.”

(e) If taken into custody at their own residence, the person shall also be provided the following information:

1 “You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a telephone call and leave a note to tell your friends or family where you have been taken.”

(f) Officers shall supply a written record of this information to the treatment facility staff. Officers are also required to document the circumstances which led to the detention and outline probable cause used if detained per Section 5150 WIC. The following requirements apply:

1 Officers shall complete a California Department of Health Care Services (DHCS) Form 1801, Application for Up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment, and a CHP 216, Arrest – Investigation Report. The DHCS 1801 is available from the CHP Intranet site, under Forms directory, or may be available from the mental health facility intake staff. The DHCS 1801 accommodates both the Section 5150 WIC detainment advisement and necessary probable cause statements referring to mental illness.

2 If the person taken into custody for Section 5150 WIC has not committed a crime, the CHP 216 shall include the reason or circumstances which led to the contact and establish the elements of Section 5150 WIC.

3 If the person taken into custody for Section 5150 WIC has committed a crime, the CHP 216 or CHP 202, Driving Under the Influence Arrest – Investigation Report, shall include the reason or circumstances which led to the contact, the probable cause for the crime, and establish the elements of Section 5150 WIC.

4 Distribution. Originals of the completed DHCS 1801 shall be retained by the treatment facility. Copies of the DHCS 1801 and the CHP 216 or CHP 202 should be retained at the Area office according to the retention schedules established for misdemeanor or felony arrests as applicable.

5 Welfare Checks. Pursuant to Section 11106.4 of the California Penal Code (CPC), if an officer has been requested to perform a welfare check on a person who is believed to be a danger to themselves or to others, the officer should, whenever possible and reasonable, conduct a search of the Department of Justice Automated Firearms System, via the California Law Enforcement Telecommunications System, to determine whether the person is the registered owner of a firearm. If a person is the registered owner of a firearm, officers should utilize the assistance of a cover officer before conducting the welfare check.

6 Managers and supervisors shall familiarize themselves with the various mental health resources available in their respective Areas. The DHCS Website at <http://www.dhcs.ca.gov> contains a wide range of state and national mental health resources, including contact information for all county mental health departments, and procedures for accessing available community health resources. Additionally, the National Alliance on Mental Illness has created the Mental Health Services Resource Guide that is broken down by CHP Divisions and further by counties. This guide is located on the CHP Intranet site, under the following link:
<https://chp2go.sharepoint.com/sites/Starpoint/Training/SitePages/Crisis-Intervention-Training-Unit.aspx>

(g) Juveniles. Pursuant to Section 5585.50 WIC, an officer may, upon probable cause, take any minor who, as a result of mental illness, is a danger to themselves, or is gravely disabled, place the minor in a facility designated by the county and approved by the DHCS, for a 72-hour treatment and evaluation of a minor. Parental notification is the responsibility of the facility, however, this does not bar officers from contacting parents.

1 Pursuant to Section 5585.50 WIC, an application in writing (DHCS 1801) shall be completed. While not specifically required by Section 5585.50 WIC, officers should provide the minor taken into custody with the following advisement:

a “My name is ____. I am a peace officer with the California Highway Patrol. You are not under criminal arrest, but I am taking you for an examination by mental health professionals at (name of facility). You will be told your rights by the mental health staff.”

(h) Safety. Once the decision has been made to take a person into custody, officers should continue to use their communication skills to avoid provoking the person. Officers shall be guided by sound professional judgment, remove any potential weapons from the immediate area, and restrain the person in accordance with policy. Officers should be aware when placing an individual into custody. The use of additional officers and other appropriate measures should always be considered to ensure safety.

(i) Follow-up. When appropriate, after taking a person into custody for a mental health detention, officers should determine if, as a result of the detention, circumstances exist that would require action (e.g., children being left alone).

h. Documentation. Contacts with people who require mental health services prompted by departmental personnel shall be documented appropriately. When documenting an incident utilizing the CHP 216 or CHP 202, the report should be as detailed as possible. Include the circumstances of the incident and the type of behavior that was observed, as well as the elements of Sections 5150 WIC or 5585.50 WIC. Terms such as “out of control” or “mentally disturbed” should be replaced with descriptions of specific behaviors, statements, and actions exhibited by the person. No statements of medical diagnosis are to be used.

(1) Reporting. The Activity Tracking System, Activity Application, is used to ensure the accurate tracking of demographic data collection elements. When a person is taken into custody for 5150 WIC, personnel shall list the appropriate CHP 216 or CHP 202 selection that includes the persons Racial and Identity Profiling/Demographic Data (RIPA) in the Primary Activity field (Annex B).

(2) Perceived Disability. The Perceived/Known Demographics drop-down menu allows officers to select a perceived disability. For all contacts a mental or physical disability is suspected, the Perceived Disability box shall be selected. If a person was taken into custody under 5150 WIC the Mental health condition selection shall be selected. Personnel perceiving a disability shall select all applicable options in the drop-down menu as listed below (Annex B).

(a) Drop-Down Menu Options:

- 1 Blind or limited vision.
- 2 Deafness or difficulty hearing.
- 3 Intellectual or developmental disability, including dementia.
- 4 Mental health condition.
- 5 Other disability.
- 6 Speech impairment or limited use of language.

4. TRAINING.

a. Cadets. During Academy training, cadets receive entry-level training, as made available by POST in Learning Domain 37, People with Disabilities. This training contains information related to the following topics:

- (1) Disability Laws.
- (2) Intellectual and Developmental Disabilities.
- (3) Physical Disabilities.
- (4) People with Mental Illness.
- (5) Welfare and Institutions Code.

NOTE: This training shall be delivered in accordance with the requirements established by POST and Section 13515.26 CPC

b. Probationary Officers. During the Field Training and Evaluation Program, officers shall receive Area-specific mental health training and resource information. Officers shall complete the Crisis Intervention Training Course (CITC) after their sixth month of probation, but no later than their twelfth month of probation. The CITC utilizes interactive techniques to familiarize personnel with basic indicators of various mental illnesses, crisis intervention techniques, and identifying available resources. When officers interact with a person who has mental illness or who is in crisis, they will be able to better identify and implement effective conflict resolution and crisis intervention techniques. This training is also in accordance with requirements established by CALEA.

c. Transferring Officers. All officers transferring to a new Area shall receive Area-specific mental health orientation and resource training. Officers shall be able to identify local mental health resources.

d. Dispatchers. All Public Safety Operators (PSO), Public Safety Dispatchers (PSD), and Public Safety Dispatch Supervisors (PSDS), shall receive an initial course in CIT for Dispatchers. This course will provide PSOs, PSDs and PSDSs with information and techniques for handling calls involving people with mental illness or in crisis. After the initial training, dispatch personnel shall receive refresher training on an annual basis. The refresher course is available through the departmental CHP Intranet site, Training tab, Online Training, Crisis Intervention Training. This training is also in accordance with requirements established by CALEA. Successful completion of this training shall be recorded in the Employee Training Record System (ETRS).

e. Nonuniformed Employees. Nonuniformed personnel, with the exception of PSOs, PSDs, PSDSs, and dispatch personnel, shall complete an initial Crisis Intervention Training course, followed by an annual refresher course. The initial and refresher courses are available through the departmental CHP Intranet site, Training Tab, Online Training, Crisis Intervention Training. This training is also in accordance with requirements established by CALEA. Successful completion of this training shall be recorded in ETRS.

f. Field Training and Evaluation Program. During the Field Training Officer Basic Course (FTOBC), Field Training Officers (FTO) shall receive a minimum of four hours of training related to competencies during interactions involving people with mental illness or who are in crisis. Field Training Officers shall comply with Section 13515.28 CPC requirements, related to crisis intervention behavioral training. This training is in accordance with requirements established by Section 13515.29 (a) CPC, and POST requirements. If an FTO has completed eight hours of crisis intervention behavioral health training within 24 months of the officer's FTOBC course, or if an FTO has completed an outside agency 40-hour crisis intervention behavioral health training, the above requirement shall not apply.

g. Newly promoted uniformed supervisors shall receive pertinent training in the First-Line Supervisors' Academy. This training provides a base of knowledge upon which to positively and effectively supervise those within their span of control when responding to calls for service involving people with mental illness or who are in crisis. Students will discuss the necessity for positive supervision before, during, and after calls for service.

h. Middle Managers' Training Course. Newly promoted lieutenants and nonuniformed managers shall receive training in the Middle Managers' Training

Course providing students with information on managerial responsibilities related to contacts involving people with mental illness or who are in crisis.

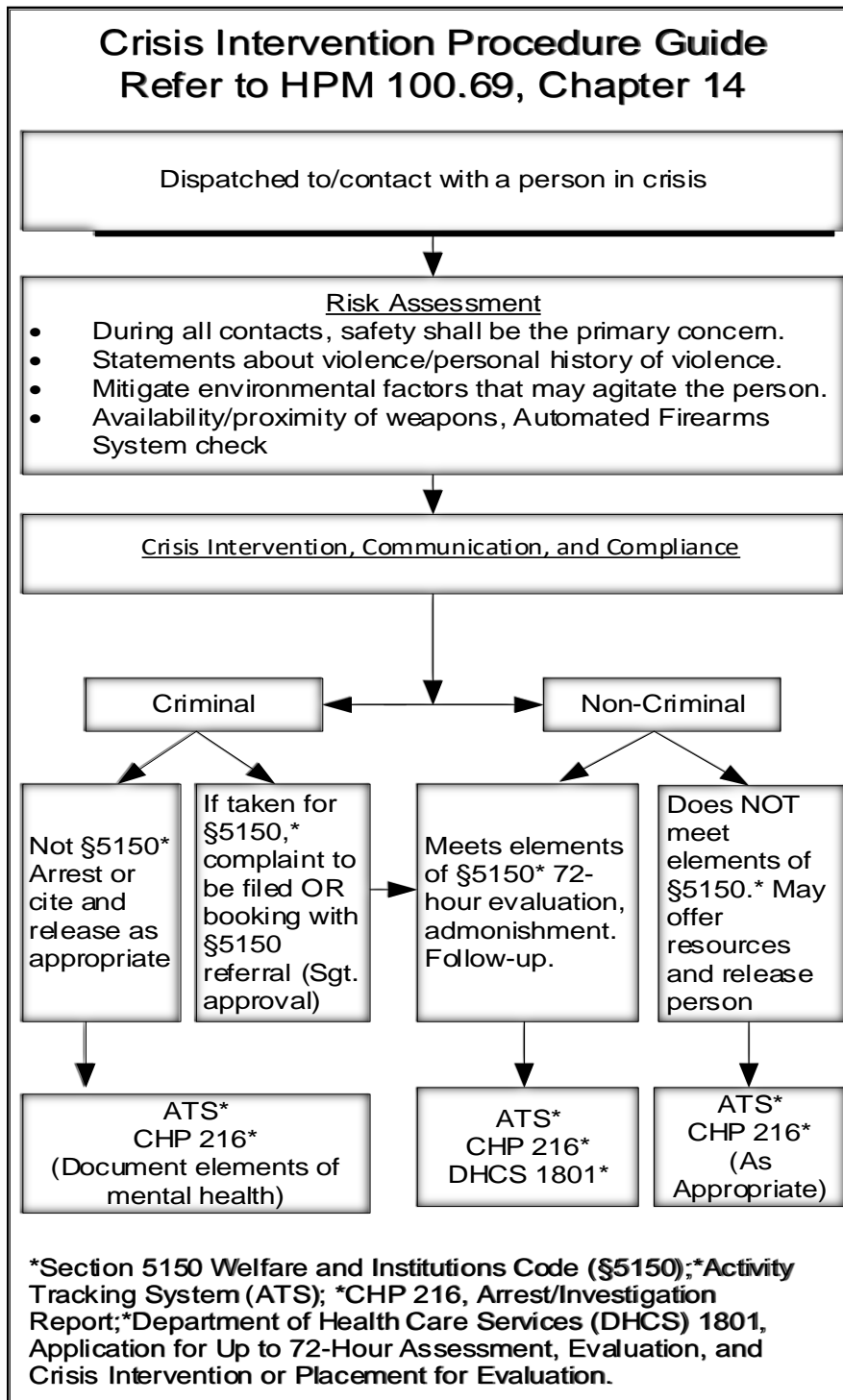
i. Solid, Realistic, Ongoing, Verifiable Training Program. Personnel will receive ongoing quarterly training related to mental illness and crisis, as part of the Solid, Realistic, Ongoing, Verifiable Training Program (refer to HPM 70.13, Departmental Training Manual).

j. Uniformed Employee Annual Refresher Training. All uniformed employees shall complete an annual CIT refresher course online. The refresher course is available online through the CHP Intranet site, Training tab, Online Training. This training is also in accordance with requirements established by CALEA. Successful completion of this training shall be recorded in ETRS.

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ANNEX A

CRISIS INTERVENTION PROCEDURE GUIDE



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ANNEX B

ACTIVITY TRACKING SYSTEM ENTRY EXAMPLE

Primary Activity

216M Other In Custody Arrest (Misdemeanor, Non DUI) ▼

Start **Elapsed** **D. Start** **D. Elapsed**

0800 02:00 0800 02:00

Non-RIPA Activity Comments

Perceived/Known Demographics for Person # 1 of 1 ⓘ

Age
35 Limited or No English Fluency

Gender
Male ▼ Gender Nonconforming LGBT

Race or Ethnicity
White ▼

Perceived disability?

- Blind or limited vision
- Deafness or difficulty hearing
- Intellectual or developmental disability, including dementia
- Mental health condition
- Other disability
- Speech impairment or limited use of language

Reason for Stop
Traffic Violation

Violation

Reason for Stop Explanation
250 Characters
Personal Identifiable Information or PII (No

Primary Reason for Stop

Reason for Stop
Traffic Violation ▼

Violation
21461.5: PED FAIL OBEY TRAFIC SIGN

Type of Traffic Violation
Moving violation ▼

Brief Explanation is Required
Reason for Stop Explanation
5 - 250 Characters
No Personal Identifiable Information or PII (No Driver's License Warrants, Badge #'s, etc.)

Stop Details

Additional Actions Taken
Handcuffed or flex cuffed ▼

Contraband/Evidence Discovered

Results of Stop
Psychiatric hold (Welfare & Inst. Code, §§ 5150, 5585.20.) ▼

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