

SPECIAL ORDER



DISTRICT OF COLUMBIA

Subject	Crisis Intervention Officer Initiative
Number	SO-10-07
Effective Date	September 13, 2010
Related to:	GO-OPS-308.04 (Processing of Persons Who May Suffer From Mental Illness) GO-OPS-309.01 (Barricade/Hostage Situations and Other Unusual Incidents) SO 00-19 (Compliance with Title II of the Americans with Disabilities Act) SO 03-09 (Juvenile Mental Health Services), TT 03-076-10 (Transportation of Juveniles in Need of Mental Health Services), effective date 03/23/10
Rescinds:	TT 06-073-10 (Crisis Intervention Officer Initiative) effective date 06/22/10

I.	Background	Page	1
II.	Policy	Page	2
III.	Definitions	Page	2
IV.	Regulations	Page	2
V.	Procedures	Page	3
V.A	Utilization of Crisis Intervention Officers	Page	3
V.B	Responsibilities of on the Scene Members	Page	4
V.C	Detention Procedures	Page	4
V.D	Use of Restraints	Page	5
V.E	Duties of the Crisis Intervention Coordinators	Page	6
V.F	Duties of the Patrol District Watch Commander	Page	6
V.G	Crisis Intervention Officer Criteria	Page	7
V.H	Crisis Intervention Training	Page	7
VI.	Cross References	Page	8
VII.	Attachments	Page	8

I. BACKGROUND

The Metropolitan Police Department (MPD) created the Crisis Intervention Officer Initiative to provide skills to members that are necessary to effectively deal with persons of diminished mental capacity and to provide professional assistance to these individuals.

The Crisis Intervention Officer Initiative does not require members to make a diagnosis of whether subjects are mentally ill or what form of mental illness subjects may have, but rather to use reasonable judgment to recognize behavior which is outside the norm in which subjects pose a danger to themselves or others, and their behavior appears to the average person to be caused by mental illness.

II. POLICY

It is the policy of the MPD when handling incidents involving persons of diminished capacities to de-escalate the situation and encourage professional resource intervention to resolve the encounter in the safest possible manner in the best interest of all the involved parties. Proper intervention techniques can assist in resolving the immediate implications of the encounter and hasten the intervention by professional resource personnel.

III. DEFINITIONS

For the purpose of this order, the following terms shall have the meanings designated:

1. Crisis Intervention Officer – Sworn member trained and certified by the MPD to deal with persons of diminished mental capacity.
2. Diminished Mental Capacity – Impaired mental condition that is caused by trauma or disease. It encompasses all persons who exhibit unusual behaviors commonly referred to as “irrational,” “bizarre,” “unpredictable,” or “weird.” These outward observable symptoms could be the result of suicidal intent, mental illness, or medical complications.
3. Mental Illness – Disorder in thought or mood so substantial that it impairs judgment, behavior, perception of reality, or the ability to cope with the ordinary demands of life.
4. Professional Resources – Resources available to the MPD such as mental health professionals, emergency medical facilities, psychiatric institutes and detoxification centers.
5. Voluntary and Involuntary Detentions– Provisions within the D.C. Official Code (Title 21, Chapter 5) which the MPD shall use for detaining persons requiring professional psychological intervention.

IV. REGULATIONS

- A. Members shall analyze the circumstances of incidents involving individuals with diminished mental capacity.

NOTE: Persons of diminished capacity may display conduct that is irrational, unpredictable, or threatening. They may not receive or comprehend commands or other forms of communication in the manner that members may expect. They often do not respond to authoritative persons or the display of force.

- B. The first member on the scene involving an individual with diminished mental capacity shall establish control, determine the facts and circumstances surrounding the need for assistance, and request a Crisis Intervention Officer.

1. Should a Crisis Intervention Officer be available, he/she shall respond and assume responsibility for the assignment, ensuring all avenues of remedy are explored and executed and complete all applicable reports, including but not limited to the PD Form 251-C (Crisis Intervention Tracking Form.)
 2. If a Crisis Intervention Officer is not available, the members on the scene shall handle the incident in accordance with this order and applicable MPD policies and procedures.
- C. In determining whether a physical arrest is warranted for a person of diminished mental capacity, the member shall use reasonable judgment and take into account:
1. The nature of the crime;
 2. The nature of any injuries;
 3. The nature of the illness; and
 4. Any other mitigating factors (e.g., the capability to formulate criminal intent).
- D. Detention, either voluntary or involuntary, in lieu of a physical arrest **must** be approved by a supervisor with the concurrence of the Watch Commander.
- E. Members trained as Crisis Intervention Officers may be dispatched as first responders for hostage and barricade situations prior to the arrival of members of the Homeland Security Bureau, Special Operations Division, Emergency Response Team and shall be incorporated into the Incident Command System structure organized for the incident.

V. PROCEDURES

- A. Utilization of Crisis Intervention Officers
1. Crisis Intervention Officers shall go in service at the beginning of each tour of duty with the Office of Unified Communications (OUC) dispatcher, and i-Mobile if applicable, and provide the fact that they are Crisis Intervention Officer trained.
 2. OUC dispatchers may refer to the list of trained members for dispatch or may request a Crisis Intervention Officer over the radio for assignment.
 3. Crisis Intervention Officers shall respond to all calls or incidents involving a confirmed or suspected mentally ill person in crisis if

available. Crisis Intervention Officers may handle calls for service outside their assigned Patrol District with the approval of the District Watch Commander and/or the Night Supervisor.

4. Crisis Intervention Officers, when not on an assignment, shall periodically visit residences or locations where individuals with diminished mental capacity are known to frequent.

B. Responsibilities of On Scene Members

1. The first Crisis Intervention Officer on the scene shall be responsible for the entire call or incident including, but not limited to:
 - a. Conducting a dialogue with the person of diminished capacity;
 - b. Determining the appropriate action to be taken;
 - c. Completing all necessary paper work; and
 - d. Maintaining responsibility for the call or incident unless otherwise directed by a supervisor.
2. Other members on the scene shall provide necessary backup and support as needed.
3. When a Crisis Intervention Officer is reassigned during the incident, the supervisor shall ensure the scene is handled appropriately and all required reports are prepared.
4. In all cases, the Crisis Intervention Officer shall complete the PD Form 251-C for all instances when they encounter a mental health consumer in crisis and submit the form with copies of any supporting paperwork to the Crisis Intervention Officer Coordinator at the end of the tour of duty.

NOTE: The Crisis Intervention Tracking Form shall only be completed by members trained in Crisis Intervention as outlined in Part V.H of this order.

C. Detention Procedures

One of the primary purposes for police response to an incident involving a person of diminished capacity is to control the situation and ensure that the person receives the most appropriate form of care and access to appropriate professional resources.

1. In determining the most appropriate form of professional resource and referral, members shall:

- a. Consider the information provided by professional resource persons, family members, friends and/or the reporting person;
- b. Determine what, if any, on-going threat potential the subject poses to him/herself, or others; and

NOTE: This threat potential may necessitate an involuntary detention procedure rather than allowing the subject to go with the family or friends for voluntary treatment.

- c. Consider the use of professional/medical crisis intervention personnel, if available, when making a detention decision.
2. Any member with reasonable grounds to believe that an **adult** individual is mentally ill and poses a danger or threat of danger to him/herself or others shall transport the individual without delay to the Comprehensive Psychiatric Emergency Program (CPEP) located in Building 14 on the grounds of the former DC General Hospital.
 - a. When the adult voluntarily agrees to go to CPEP, the member shall inform the staff of the circumstances for the transport and execute a PD Form 251 with the classification "Sick Person to the Hospital".
 - b. When the adult will **not** submit voluntarily, the member shall execute a PD Form 251 "Sick Person to the Hospital" **and** complete the Form FD 12 (Application for Emergency Hospitalization by a Physician, Officer or Agent of the D.C. Department of Human Services or an Officer Authorized to Make Arrests) outlining the circumstances for the detention and provide this form to the staff of the facility.
 3. Members shall transport juvenile subjects in accordance with Special Order 10-08 (Juvenile Mental Health Services).

D. Use of Restraints

1. Members shall determine the appropriate use of restraints to ensure the safety of both the subject and transporting members.

NOTE: The use of restraints when dealing with persons of diminished capacity may present members with conflicting considerations in determining the best means for restraint and transportation. In some cases, restraints must be utilized and/or an ambulance may be required.
2. Members shall accompany subjects who are restrained and transported by ambulance to the treatment facility.

E. Duties of Crisis Intervention Coordinators

1. Commanding Officials of each patrol district and the School Security Division shall designate an official the rank of Captain as the unit's Crisis Intervention Coordinator. The Crisis Intervention Coordinator shall be tasked with leading, managing and supervising day-to-day administrative and operational aspects concerning the Crisis Intervention Officer Initiative. The Crisis Intervention Coordinator shall be responsible for:
 - a. Supervising Crisis Intervention Officers and providing managerial oversight for the Crisis Intervention Officer Initiative;
 - b. Establishing and maintaining an effective liaison with other law enforcement departments and agencies, which interact with or impact MPD operations;
 - c. Preparing the monthly status/activity report which is to include:
 - (1) Calls for service with date, time and location,
 - (2) Self-initiated calls with date, time and location,
 - (3) Any injuries with date, time and location, and
 - (4) Brief summary of any significant cases;
2. Attending the monthly Crisis Intervention Coordinator meeting;
3. Preparing required administrative reports, operations plans, staff studies, and responses to emergency situations that could impact the community;
4. Participating in basic and advanced Crisis Intervention Officer training sessions as required; and
5. Ensuring that Crisis Intervention Officer trained personnel are accountable and responsible for follow-up investigations of all complaints assigned which entail further interviews of suspects, victims, witnesses, completion of thorough supplementary reports and a final disposition at the United States Attorney's Office.

F. Duties of Patrol District Watch Commanders

1. Patrol District Watch Commander shall notify the Command Information Center (CIC) after roll call and supply the names, CAD numbers and assignments of each Crisis Intervention Officer for every

tour of duty and shall include this information on the daily deployment schedules.

2. Ensure copies of the PD Form 251-C are forwarded to the Crisis Intervention Coordinator prior to the end of the tour of duty.

G. Crisis Intervention Officer Criteria

1. Patrol members who wish to volunteer and be considered for training shall contact their Patrol District Administrative Captain or Training Coordinator.
2. The following traits are essential in providing services to persons of diminished capacity to resolve the encounter in the safest possible manner, and members should possess:
 - a. Strong communication skills;
 - b. Active listening skills;
 - c. Ability to work well under pressure;
 - d. Ability to maintain a positive attitude under stressful conditions;
 - e. Ability to absorb verbal abuse without negative responses;
 - f. Ability in exercising good judgment and decision-making skills;
 - g. Ability to work in close harmony with peers, officials, command officials, mental health and medical practitioners and the general public; and
 - h. Ability to maintain self-control during all types of crisis.
2. Members who volunteer to be trained as a Crisis Intervention Officer shall not receive additional compensation.

H. Crisis Intervention Training

1. Members selected to serve as Crisis Intervention Officers shall attend and successfully complete a forty (40) hour Crisis Intervention training course of instruction and attend continuing educational courses as required.

NOTE: The training focuses on recognizing mental illnesses and personality disorders and applying appropriate crisis intervention techniques. Training also addresses officer awareness, safety, and tactics. The training emphasizes that while good evaluation, empathy, and communication skills are necessary for the Crisis Intervention

Officer, officer safety remains paramount.

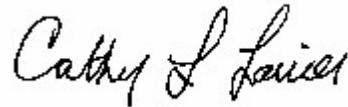
2. The Commanding Official/Director, Metropolitan Police Academy, shall maintain an updated list of members who have successfully received certification and shall ensure the list is provided to the Command Information Center (CIC) whenever it is updated.
3. The Commanding Official/Director, CIC, shall maintain a current list of those members certified as Crisis Intervention Officers and shall ensure the list is easily accessible to assist in the deployment of Crisis Intervention Officers in Patrol Districts.

VI. CROSS REFERENCES

1. GO-308.04 (Processing of Persons Who May Suffer from Mental Illness)
2. D.C. Official Code, Title 21, Chapter 5 (Hospitalization of the Mentally Ill)

VII. ATTACHMENT

- A. PD Form 251-C (Crisis Intervention Tracking Form)



Cathy L. Lanier
Chief of Police

CLL:PH:MOC:CC

D.C. Metropolitan Police Department
D.C. Department of Mental Health
Crisis Intervention Officer (CIO) Tracking Form

Dispatched Date ___/___/___ CCN# _____
 On-scene Engage Time _____ Disengage Time _____

Subjects Name (*Last, First*) _____ Date of Birth (MM/DD/YY) ___/___/___

Event Address _____

Reporting Officer _____ District _____ CAD# _____

Nature of Incident (*Check all that apply*)

- Disorderly/disruptive behavior Drug related offenses
 Neglect of Self Care Suicide threat or attempt
 Nuisance (loitering, trespassing) Inappropriately dressed or undressed
 Threats or violence to others No Information
 Public Intoxication Other (*Specify*) _____

Did the subject use/brandish any weapons? Yes No Don't Know
 If Yes, specify type of weapon _____

Incident Injuries

Did subject injure or attempt to injure self? Yes No
 Did subject injure or attempt to injure others? Yes No
 If so, whom? Self Officer Animal Other (i.e., person)

Prior Contacts

Known Person? Yes No
 If Yes, Specify: _____

Drug Alcohol Involvement

Evidence of drugs/alcohol? Yes No
 If yes, Alcohol
 Other Drug/specify _____
 Don't Know

Medication Compliant? Yes No Don't Know

Behaviors Observed During Incident (*check all that apply*)

- Disoriented or confused Incoherent speech Depressed
 Hearing voices/Seeing things Frightened/Anxious Hyperactive
 Hostile or uncooperative Developmental concern Nothing
 Intoxication

Disposition (*check all that apply*)

- No action/resolved on scene Outpatient/case management referral
 On-Scene crisis intervention Police notified case manager or mental health center
 Transported to detox
 Ervin Act/FD-12-826 Other-specify _____
 Transported for evaluation to: _____
 Mental health referral made (i.e. called Access Helpline)

Before CIO training, would you have responded differently? Yes No
 What would the charges have been? _____

Summary (Nature of Event and Outcome/Action Taken):

**Please attach copy of PD-251*

Resource Information

Department of Mental Health (DMH) 24 Hour Access Help-Line
 Phone: 1 (888) 793-4357 TDD Access Helpline: 202-561-7000

Children & Adolescent Mobile Psychiatric Services (CHAMPS)
 Direct: (202) 481-1450 OR DMH Access Help-Line (Above)

Adult Mobile Crisis Services
 Direct: (202) 673-9300 OR DMH Access Help-Line (Above)

Comprehensive Psychiatric Emergency Program (CPEP)
 Direct: (202) 673-9319
 DC General Hospital Compound • 1905 E St. SE, Building #14

DMH Homeless Outreach Program
 Direct: 202-671-0388
 64 New York Avenue, NE

Common Psychiatric Medications:

Psychotic Disorders

Geodon
 Haldol
 Mellaril
 Prolixin
 Risperadol
 Serenil
 Seroquel
 Thorazine
 Zyprexa
 Xanax
 Clozaril

Mood Disorders

Depakote
 Effexor
 Neurontin
 Paxil
 Prozac
 Tegretol
 Topamax
 Wellbutrin
 Zoloft
 Anafranil

Anxiety Disorders

Buspar
 Centrax
 Inderal
 Klonopin
 Serax
 Tranxen
 Valium
 Ativan

SO-10-07 (Crisis Intervention Officer Initiative)
 Attachment A