THE HONORABLE JAMES L. ROBART

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

UNITED STATES OF AMERICA

Plaintiff,

vs.

CITY OF SEATTLE

Defendant.

CASE NO. C12-1282-JLR

MEMORANDUM SUBMITTING REVISED CRISIS INTERVENTION POLICY

Pursuant to paragraphs 177 through 181 of the Consent Decree and the Third-Year Monitoring Plan, Dkt. 195 at 15–16, the Parties and the Monitor have completed their annual review of Seattle Police Department ("SPD" or "the Department") Manual Section 16.110, which sets forth SPD's Crisis Intervention Policy (the "Policy"). During the review, SPD and the Parties discussed several ways to clarify, strengthen, or otherwise improve the Policy in light of the Department's real-world experiences implementing the processes described in the Policy. Those improvements are reflected in a revised Section 16.110, attached hereto as Exhibit A.

As previously observed, the Policy's overarching goal is to resolve crisis incidents by connecting those experiencing behavioral crises with community services that can provide long-term stabilizing support. *See* Dkt. 120. The Policy's intent is to provide all officers with

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resources to interact with people who are experiencing behavioral crises. The Policy has created a foundation for improvement by defining and strengthening the Department's resources to address behavioral crisis scenarios. The Department is building on that foundation with the Policy's overarching goal in mind.

The changes to the Policy reflect discussions among community groups including the Crisis Intervention Committee, SPD, the Parties, and the Monitor over the past 6 months as the Department has solidified its structure for staffing crisis issues. The Department initially provided recommendations for proposed revisions to the Policy. In response, the Monitoring Team and Department of Justice conducted outreach to patrol officers regarding the proposed Policy changes. As these discussions progressed, the Crisis Intervention Committee provided its comments and a forum for a collaborative and productive discussion between the Parties, the Monitor, and the Community.

The changes to the policy are reflective of its goal to connect those in crisis with community services and its intent to provide officers with tools to make such connections. For example, the SPD has designated a Lieutenant as the CIT Commander and a Sergeant as the CIT Coordinator, and their titles and functions are now set forth in the policy. The policy changes also more clearly define: the role of the Crisis Response Unit; officers' obligations to use a newly devised Mental Health Contact Report Template when documenting contacts with subjects in behavioral crisis; and the role of CIT-certified officers at the scene of incidents with those in crisis.

Notably, the SPD is continuing to work through the logistics of having appropriately trained staff respond to and handle incidents with those in crisis. The Parties and the Monitor expect to continue these discussions as the Department strives to meet the Policy's overarching goal.

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The Monitoring Team will update the Court further on the status of SPD's efforts with regard to crisis intervention issues in the upcoming semiannual report that will be filed in June 2015. In the meantime, the Monitor agrees with the Parties that the revisions to the Policy are consistent with the letter and spirit of the relevant substantive provisions of the Consent Decree, Dkt. 3-1 ¶¶ 130-137, as well as with best practices. Accordingly, the Monitor respectfully requests that this Court approve the revised Policy.

DATED this 21st day of May, 2015.

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The Court hereby approves the Seattle Police Department's Revised Crisis Intervention Policy filed herewith as Exhibit A.

DONE IN OPEN COURT this 4th day of June, 2015.

THE HONORABLE JAMES L. ROBART
UNITED STATES DISTRICT JUDGE

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CERTIFICATE OF SERVICE

I certify that on the 22nd day of May, 2015, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to the following attorneys of record:

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DATED this 22nd day of May, 2015.

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EXHIBIT A

Seattle Police Manual

16.110 – Crisis Intervention

Effective Date: DRAFT
16.110 – POL

The intent of this policy is to provide all officers with resources to deal with subjects who are in behavioral crisis. This includes people exhibiting signs of mental illness, as well as people suffering from substance abuse and personal crises.

For the purposes of this policy, a behavioral health crisis is defined as an episode of mental and/or emotional distress in a person that is creating significant or repeated disturbance and is considered disruptive by the community, friends, family or the person themselves.

For further guidance, see 16.110-POL-3.2 (for CIT-Certified Officers), POL-5.1 (for non-CIT-Certified Officers), POL-5.2 (for Communications personnel), and POL-5.9 (for documentation).

The Seattle Police Department recognizes the need to bring community resources together for the purpose of safety and to assist and resolve behavioral crisis issues. The Department further recognizes that many people suffer crises, and that only a small percentage has committed crimes or qualifies for an involuntary evaluation. Persons suffering crises will be treated with dignity and will be given access to the same law enforcement, government and community service provided to all members of the public.

Seattle Police officers are instructed to consider the crises that subjects may be experiencing during all encounters. Officers must recognize that subjects may require law enforcement assistance and access to community mental health and substance abuse resources. The ideal resolution for a crisis incident is that the subject is connected with resources that can provide long-term stabilizing support.

Officers are trusted to use their best judgment during behavioral crisis incidents, and the Department recognizes that individual officers will apply their unique set of education, training and experience when handling crisis intervention. The Department acknowledges that officers are not mental health professionals. Officers are not expected to diagnose a subject with a mental illness, nor are they expected to counsel a distraught subject into composure. When officers need to engage with a subject in behavioral crisis, the Department's expectation is that they will attempt to de-escalate the situation, when feasible and reasonable. The purpose of de-escalation is to provide the opportunity to refer the subject to the appropriate services. This expectation does not restrict an officer's discretion to make an arrest when probable cause exists, nor are officers expected to attempt de-escalation when faced with an imminent safety risk that requires immediate response. An officer's use of de-escalation as a reasonable

alternative will be judged by the standard of objective reasonableness, from the perspective of a reasonable officer's perceptions at the time of the incident.

16.110-POL-1 Crisis Intervention Committee (CIC)

1. CIC is a Community and Regional Partnership

The purpose of the CIC is to build an effective regional crisis incident response built upon best practices, innovation and experience. The CIC works in cooperation with the Department to make sure that crisis intervention training and policies are consistent with legal standards, best practices and community expectations. The intent is to include representatives of entities that can assist the Department in achieving the purpose of the CIC. These entities will come from several categories: city and county government (including law enforcement agencies and line patrol officers), mental health professionals and advocates, academia, and others deemed appropriate.

2. CIC Works Collaboratively With the Department to Advise on Crisis Intervention Training and Policies

The CIC has five specific tasks:

- Evaluate SPD's overall CIT program, study national models, and make recommendations on whether SPD should modify the structure and design of its crisis intervention program
- Develop a checklist of resources available to refer individuals in crisis
- Review and validate the Department's CIT training
- Develop policy and procedures for the disposition or voluntary referral of individuals to jails, receiving facilities and local mental health and/or social service agencies that clearly describe the roles and responsibilities of those entities and of the SPD CIT-Certified officers in the process
- Enhance community connections with advocates and social service professionals, as well as provide for a seamless system of care for persons in crisis

16.110-POL-2 CIT Program

1. CIT Program is Responsible for Implementing and Sustaining Department's Response to Subjects in Behavioral Crisis

The CIT (Crisis Intervention Team) program is responsible for working with community partners to establish and sustain the Department's response to subjects in behavioral crisis. The CIT program comprises four distinct components:

(1) officers who have undergone basic CIT training

(2) officers who have undergone advanced CIT training ("CIT-Certified Officers")

- See 16.110-POL-3. (hyperlink)

(3) the CIT Coordinator; and

- See 16.110-POL-2.4. (hyperlink)

(4) the Crisis Response Unit (CRU).

- See 16.110-POL-4. (hyperlink)

2. CIT Commander Oversees CIT Program

The Patrol Operations Bureau Administrative Lieutenant is appointed by the Chief of Police and reports directly to the Patrol Operations Bureau Chief. One of the duties of the Patrol Operations Bureau Administrative Lieutenant is being the Department CIT Commander. Leadership, planning and problem solving skills are essential attributes for the CIT Commander. The CIT Commander provides command-level oversight for the CIT Program and reports directly to the Patrol Operations Bureau Chief. The CIT Commander supervises two sergeants: the CRU Sergeant and the CIT Coordinator.

The CIT Commander examines, reviews, and makes recommendations to ensure the CIT program is implemented and sustained as a community program. The CIT Commander is the Department's command-level representative on the Crisis Intervention Committee (CIC) and will ensure their input about the CIT program is addressed. The CIT Commander will meet with law enforcement leadership, review and make recommendations to Department CIT policy and procedures, and be responsible to develop and review CIT training. The CIT Commander will monitor and remain familiar with state commitment laws; transportation policies; and state, county, and local issues that may affect community crisis services. The CIT Commander will maintain familiarity with CIT grant requirements at the federal, state, and county level. The CIT Commander will assist with developing the data collecting program and will present the data outcome measures to Department leadership and the CIC. The CIT Commander will also oversee the internal and external methods of CIT-related communication.

3. CIT Coordinator is Responsible for Implementing and Sustaining CIT Program

The CIT Coordinator is responsible for the day-to-day operations of the CIT program. At the direction of the CIT Commander, the CIT Coordinator ensures that the CIT program is implemented and sustained as a community program. The CIT Coordinator serves as a community liaison and is the primary point of contact for the program, both for law enforcement and other community partnerships to the residents of Seattle.

At the direction of and in coordination with the CIT Commander, the CIT Coordinator will develop agendas for and participate in the CIC meetings. The CIT Coordinator will coordinate the CIT program's response to feedback from patrol officers and community partners. Operational issues raised will be addressed through problem-solving efforts by the CIT Coordinator. The CIT Coordinator will

participate in developing and providing CIT training to sustain the CIT program at both the Department and state levels.

Officers may contact the CIT Coordinator at SPD_CIT_Coordinator@seattle.gov with any questions and/or feedback.

In their respective roles, the CIT Commander and the CIT Coordinator will work closely with patrol, detectives, the Compliance Section, the Education & Training Section, Command Staff, Crisis Intervention Committee, community partners, mental health providers and advocates, academia, WSCJTC, the courts, and others involved in providing crisis response.

16.110-POL-3 CIT-Certified Officers

1. CIT- Certified Officers Undergo Specific Training

All SPD officers will receive 8 hours of crisis intervention training annually. To be considered "CIT- Certified," officers are required to successfully pass a 40-hour initial comprehensive CIT training and eight hours of annual CIT-specific in-service training thereafter.

2. CIT- Certified Officers Will Take the Lead, When Appropriate, In Interacting With Subjects in Behavioral Crisis

See 16.110-POL-5.2.

3. The Department Will Ensure That CIT- Certified Officers Are Available on All Shifts

16.110-POL-4 Crisis Response Unit (CRU)

1. CRU is a Unit of the Patrol Operations Bureau

The Crisis Response Unit is distinct from officers who are CIT-Certified and assigned to other units. (See 16.110-POL-3.)

2. CRU has Two Teams: the Crisis Response Team (CRT) Responds to Incidents in the Field and the Crisis Follow-Up Team (CFT) has Follow-Up Responsibility for Incidents Involving Subjects in Crisis

CRT is a team that follows-up on cases in the field. They also are available to respond, at the request of the incident commander, to critical incidents that involve subjects who are in extreme states of behavioral crisis.

CFT follows-up on cases involving behavioral crisis through intervention at the lowest-level, least-intrusive intercept point, in order to prevent and reduce harm. CFT works to gain a subject's behavioral self-control through engagement with treatment.

a. CFT Utilizes an Intercept Continuum

1 Harmless symptomatic behavior

- Non-criminal: Provide contact information for obtaining services/treatment
- Criminal: Verbal warning

2 Indication of mental-health needs

- Non-criminal: Refer to appropriate service partner for outreach
- Criminal: Document crime, warn

3 Indication of urgent mental-health needs

- Non-criminal: Contact subject's case manager, CRT outreach, transport to voluntary services
- Criminal: Document crime, warn

4 Imminent risk of serious harm to self, others or property

- Non-criminal: Emergent detention, involuntary transport to hospital
- Criminal: Request charges through Mental Health Court or refer to CSC

5 Escalation of harmful symptomatic behavior

- Non-criminal: Coordinate with DMHPs, commit for involuntary treatment
- Criminal: Arrest and booking with referral to Mental Health Court

6 Escalated risk of serious harm to others, resistant to all other interventions

- Non-criminal: Coordinate with DMHPs, commit for involuntary treatment
- Criminal: Arrest and booking

b. CFT Utilizes a Descending Scale of Urgency When Prioritizing Cases

1 Imminent risk of serious harm

- Subject is out of custody or possible release following serious incident, danger to public or victims.

2 Pattern of escalation

- Subject has been involved in a series of incidents indicating decompensation or decline in behavioral self-control, which constitutes an increased risk of serious harm to self or others.

3 High utilization of police resources

- Subject has made or been the reason for frequent, unfounded calls which unreasonably exploit patrol resources.

4 Request from officers or service provider

- A patrol officer or service provider requests CIT assistance for problem-solving.

16.110-POL-5 Responding to Subjects in Behavioral Crisis

1. Upon Encountering a Subject in Any Type of Behavioral Crisis During Any Type of Incident (On-View or Dispatched), Officers Shall Make Every Reasonable Effort to Request the Assistance of CIT-Certified Officers

2. Communications Shall Dispatch at Least One CIT-Certified Officer to Each Call That Appears to Involve a Subject in Behavioral Crisis

If circumstances dictate that there is not a CIT-Certified officer available to respond to a call that appears to involve a subject in behavioral crisis, non-CIT-Certified officers shall be dispatched to handle the call and a CIT-Certified officer shall respond as soon as possible.

- Calls that appear to involve a subject in behavioral crisis shall be dispatched immediately, even when a CIT-Certified officer is not available.

CIT-Certified officers will take the lead, when appropriate, in interacting with subjects in behavioral crisis. If a sergeant or above has assumed responsibility for the scene, he or she will seek the input of CIT-Certified officers on strategies for resolving the crisis event when it is reasonable and practical to do so.

- CIT-Certified officers are not obligated to serve as the primary officer during incidents that involve a subject in behavioral crisis. Unless a sergeant or above approves another arrangement, the primary officer (as designated by dispatch / beat assignment) shall handle the necessary paperwork and provide Communications with the final call disposition.

a. A Sergeant and at Least Two Officers Shall Respond to Each High-Risk Suicide Call

A high-risk suicide call is one where the likelihood of suicide is imminent, and the subject may be armed with a weapon or may be barricaded.

If, during the course of an incident, an officer determines that a subject meets the above criteria, he or she shall advise dispatch and request a sergeant and back-up.

3. Officers May Call the Crisis Clinic to Connect with the On-Duty Designated Mental Health Professional (DMHP) During any Incident Involving a Subject in Behavioral Crisis

The Crisis Clinic is the resource through which officers can be referred to the available resources that are located throughout the region.

Officers may call the Crisis Clinic for an on-site evaluation by the on-duty designated mental health professional (DMHP).

- When communicating with a DMHP, the **officer**:
    - **Calls** (206) 263-9202 Monday through Friday, 0830 hours to 2230 hours
    - **Calls** (206) 461-3210 ext. 1 outside of the above hours
- If the incident requires immediate action, officers may take the subject into protective custody and arrange for a transport to the nearest appropriate hospital. See 16.110-PRO-2 Involuntary Mental Health Evaluation.

a. Officers Are Encouraged to Call the Crisis Clinic When Contacting Subjects Who Are in a Behavioral Crisis but Are Not Going to Be Referred for Involuntary Mental Health Evaluation or Criminal Charges

See 16.110-TSK-2 Contacting Subjects Who are in a Behavioral Crisis but are Not Going to Be Referred for Involuntary Mental Health Evaluation or Criminal Charges.

4. Officers May Refer Eligible Subjects with Mental Illness and/or Substance Use Disorders to the Crisis Solutions Center (CSC)

See 16.110-PRO-4 Referring a Subject to CSC. Voluntary referrals may take place:

- As part of an officer's community caretaking function, or
- During a *Terry* stop, or
- When an officer has probable cause to believe that an individual has committed one of the following **eligible criminal offenses**:
    - Alcohol in a Park
    - Criminal Possession of Marijuana (>28 grams by an adult)
    - Criminal Trespass I and II
    - Disorderly Conduct
    - DWLS 3
    - Drug Traffic Loitering
    - Failure to Obey
    - False Reporting
    - Misuse of the 911 System
    - NVOL
    - Obstructing a Public Officer
    - Possession of a Fraudulent Driver License
    - Property Damage/Malicious Mischief
    - Prostitution
    - Prostitution Loitering
    - Theft 3
    - Theft of Rental Property
    - Unlawful Bus Conduct
    - Unlawful Issuance of Bank Checks
    - Use of Drug Paraphernalia

- VUCSA: Possession of Legend Drugs (Prescription Drugs without Proper Prescription)
- VUCSA: Simple Possession of Cocaine < 1 gram
- VUCSA: Simple Possession of Heroin < 1 gram
- VUCSA: Simple Possession of Methamphetamine < 1 gram

a. Certain Subjects are not Eligible for CSC Referral

Individuals who meet at least one of the following criteria are not eligible for CSC referral:

- Suffer from an acute mental health crisis which meets the criteria for a mental health evaluation under RCW 71.05.153
- Require medical treatment
- Have an active and extraditable criminal warrant
- Violent offender status in the past ten years
- Sex offender status in the past ten years
- Juveniles (under 18)

b. Officers Shall Notify Potential Crime Victim(s) of the Diversion Option

Officers shall consider any strong opposition presented by the potential crime victim(s) when determining whether to make the referral. This does not negate officer discretion.

c. Officers Shall Inform Subjects that Referral is Voluntary

5. Officers May Facilitate Voluntary Mental Health Hospitalizations

Officers shall document officer-facilitated voluntary mental health hospitalization. See 16.110–TSK–1 Voluntary Mental Health Hospitalization.

6. Officers May Facilitate Involuntary Mental Health Evaluations

See 16.110– PRO–2 Referring a Subject for an Involuntary Mental Health Evaluation.

7. Officers Shall Complete the *Emergent Evaluation Card* (hyperlink) When Referring a Subject in Behavioral Crisis to a Hospital, Whether for Voluntary or Involuntary Evaluation

8. Officers May Take a Subject into Custody Based on a Written or Verbal Order From a DMHP

See 16.110–PRO–3 Taking a Subject into Custody by Order of a DMHP. When a DMHP is unable to accompany officers, officers shall make an independent determination as to whether to order an involuntary mental health evaluation.

9. Officers Shall Document All Contacts With Subjects Who are in Any Type of Behavioral Crisis

Officers will use a General Offense (GO) report for all hospitalizations – voluntary and involuntary - which is routed to CRU.

For other behavioral crisis calls or contacts, officers will document the contact by using either a GO report or a Street Check.

a. Officer Shall Use the Mental Health Contact Report Template

Officers must complete the template as thoroughly as possible. Only fields that do not apply to the specific incident may be left blank.

10. There Are Five Options for Resolving Behavioral Crisis-Related Misdemeanor Property Crimes

- Investigate and release with routing to CRU for follow-up
- Referral to the Crisis Solutions Center (See policy statement 4 and 16.110-PRO-4 Referring a Subject to CSC.)
- Investigate and release with a request for charges through Seattle Municipal Mental Health Court (MHC)
- Jail booking with MHC flag
- Investigate and detain for a mental health evaluation, with a request for charges through Seattle Municipal Mental Health Court (MHC)

11. When an Officer has Made the Decision to Book a Felony Suspect into Jail, the Suspect Shall Not Be Diverted for a Mental Health Evaluation

- Exceptions must be screened by the CRU sergeant. Link to *PRO*
- If the jail refuses to accept a suspect due to a behavioral crisis, officers shall have the suspect sent to the Harborview Medical Center (HMC). See 16.110-PRO-1 When Jail Staff Decline to Accept a Suspect in Behavioral Crisis for Booking.

12. CRU Triages Cases for Follow-Up

See 16.110-POL-4.2.b.

13. SPD Collects and Analyzes Data

The Department's intent with collecting data is two-fold:

- To collect data based on the capabilities of existing and future software, and
- To evaluate the overall CIT program

a. There Are Five Components That Are Analyzed to Answer Key Questions

- Communication procedures
  - Ensure that communications procedures are effective in appropriately identifying people in behavioral crisis.
- CIT-Certified officers

- Ensure that CIT-Certified officers are effective in responding to incidents involving people in behavioral crisis.

- Crisis Response Unit
  - Ensure that the CRU is effective in terms of improving efficiency of police response to and the resolution of incidents involving people in behavioral crisis.
    - Are subjects getting the services they need?
    - Are call volume and patrol workload being reduced?

- CIT curriculum
  - Ensure that the CIT curriculum is delivering in terms of its intended goals and learning outcomes.

- SPD culture
  - Determine how each aspect of the CIT program is viewed within the SPD culture.
    - Training
    - Response
    - Follow-up

16.110–PRO–1 When Jail Staff Decline to Accept a Suspect in Behavioral Crisis for Booking

Officer

1. **Attempts** to book subject into jail
   a. If jail **declines** subject, **transports** subject to HMC
2. **Screens** the incident with a sergeant to determine if there will be a police hold

Sergeant

3. **Screens** the disposition with CRU sergeant, via Communications
4. **Decides** if there will be a police hold
   a. If there will be a police hold, **determines** whether to assign hospital guard (See 11.030 – Guarding Detainees at a Hospital)

Officer

5. **Completes** *Emergent Evaluation Card*
   a. **Indicates** that there is a police hold, if applicable
   b. Through Communications, **calls** the appropriate hospital to explain the circumstances behind the police hold, if applicable
   c. **Gives** the Emergent Evaluation Card to the ambulance driver/social worker
6. **Completes** a General Offense report
   a. **Lists** "Crisis" in the offenses block, in addition to any offenses that were committed
   b. **Describes** the circumstances of the incident and the disposition of the subject

Communications

7. **Dispatches** officer to retrieve the subject, if Harborview calls to notify that a subject on police hold is about to be released

Officer/Secondary Officer

8. Transports subject to jail

16.110–PRO–2 Referring a Subject for an Involuntary Mental Health Evaluation

Officer

1. **Determines** that the subject may be eligible for evaluation
2. **Requests** that Communications call the Crisis Clinic, if time allows, or **calls** the Crisis Clinic directly at (206) 461-3210
3. **Determines** (with or without the assistance of a DMHP) that the subject meets the involuntary mental health evaluation criteria, per RCW 71.05.153(2): Emergent Detention of Persons with Mental Disorders
4. **Screens** the incident with a sergeant, either at the scene or telephonically

Sergeant

5. **Reviews** the incident and advises the officer whether to order the evaluation

Officer

6. **Takes** the subject into protective custody
7. **Arranges** for the subject to be transported via ambulance or patrol car to the closest appropriate hospital
8. **Completes** the *Emergent Evaluation Card*
9. **Provides** the *Emergent Evaluation Card* to the ambulance driver or hospital social worker
10. **Completes** a General Offense report with the emergent evaluation template
    a. **Lists** "Crisis" in the offenses block, in addition to any offenses that were committed
    b. **Describes** the circumstances of the incident and the disposition of the subject
    c. **Includes** witness information

Sergeant

11. Approves GO report

Data Center

12. Immediately **transcribes** GO report
13. If the hospital requests a copy of the GO report, **faxes** the report to the hospital

16.110–PRO–3 Taking a Subject into Custody by Order of a Designated Mental Health Professional (DMHP)

Communications

1. **Receives** request from a DMHP for officers to assist with field evaluation, an emergent detention, or service of a court order
2. **Dispatches** two officers to the call
    a. **Dispatches** at least one CIT-Certified officer, if one is available

Officers

3. Upon the request of the DMHP, **take** the subject into protective custody

4. **Screen** the incident with a sergeant before taking the subject into custody or entering if:

   - The subject is likely to resist custody,
   - The subject is barricaded,
   - The subject has a history of violence or weapons, or
   - Forced entry is necessary

Sergeant

5. If necessary, **consults** with the CRU sergeant or a CIT-Certified sergeant via Communications

Officers

6. **Arrange** for the subject to be transported via ambulance or patrol car to the closest appropriate hospital, or the hospital requested by the DMHP

7. **Complete** the *Emergent Evaluation Card*

8. **Provide** the *Emergent Evaluation Card* to the ambulance driver or hospital social worker

9. **Complete** a General Offense report with the emergent evaluation template

   a. **List** "Crisis" in the offenses block, in addition to any offenses that were committed

   b. **Describe** the circumstances of the incident and the disposition of the subject

   c. **Include** witness information

Sergeant

10. **Approves** GO report

Data Center

11. Immediately **transcribes** GO report

12. If the hospital requests a copy of the GO report, **faxes** the report to the hospital

16.110–PRO–4 Referring a Subject to CSC

Officer

1. **Conducts** a complete investigation
   a. **Checks** subject's name through WACIC and FORS for excluding factors:
   - Warrants
   - Violent offense conviction within the past 10 years
   - Sex offender status within the past 10 years
   - Juvenile (Under 18)

   b. **Assesses** subject's imminent danger of serious harm to self, others, or property; or grave disability

   c. **Identifies** elements of crime, if any

2. **Determines** that the subject is appropriate for CSC referral (See 16.110-POL-5.4a)

3. **Notifies** potential crime victim(s) of the diversion option
   a. **Considers** any objection to diversion

4. **Asks** the subject if he or she is interested in being referred to CSC
   a. **Emphasizes** that referral is voluntary

   b. If the subject does not want to be referred and arrest is possible, **considers** making the arrest

5. **Screens** incident with sergeant (either in-person or telephonically, unless this Manual requires an in-person screening {i.e., Type II force}) if:
   a. The subject was **handcuffed**

   b. The officer will be **transporting** the subject to CSC

   c. There was a use of reportable **force**

   d. The officer is **unsure** as to if the subject meets the intake criteria

   e. The officer will be **diverting** the subject to CSC instead of KCJ

6. **Advises** Communications to contact the CSC, or **contacts** the CSC via phone (682-2371) to screen for availability

7. **Arranges** for transport to CSC, either in a patrol car or the Mobile Crisis Team (MCT) vehicle

   a. If the subject is being referred to CSC instead of jail, it is preferable, but not necessary, for an officer to make the transport

8. **Completes** a GO report

   a. **Documents** the incident, including witnesses and victims

   b. **Describes** elements of crime, if applicable

   c. **Confirms** that no disqualifying criteria exist

   d. **Selects** "CSC Diversion" from the "Arrest Disposition" box in GO suspect linkage, if applicable

   - Subjects diverted to CSC will be listed as "arrested" in the entity section of the GO report

CSC Staff

9. **Completes** the "Arrest Referral Tracking Sheet" and "Notice of Diversion to CSC," if applicable

   a. If the referring officer requested notification, **contacts** the referring officer as soon as they are able to advise if the individual declined services and will be leaving the facility or has already left the facility

   b. If an individual who was subject to arrest declines services, **contacts** the appropriate prosecuting attorney

16.110–TSK–1 Voluntary Mental Health Hospitalization

When facilitating a voluntary mental health hospitalization, the **officer:**

1. **Receives** request from a subject for voluntary mental health hospitalization

2. **Arranges** for the subject to be transported via ambulance to the closest appropriate hospital

3. **Completes** the *Emergent Evaluation Card*

4. **Provides** the *Emergent Evaluation Card* to the ambulance driver

5. **Completes** a General Offense report
   a. **Lists** "Crisis" in the offenses block
   b. **Describes** the circumstances of the incident and the disposition of the subject
   c. **Routes** GO report to CRU

16.110–TSK–2 Contacting Subjects Who are in a Behavioral Crisis but are not Going to be Referred to the Crisis Solutions Center, for Involuntary Mental Health Evaluation or Criminal Charges

When contacting subjects who are in a behavioral crisis but are not going to be referred for involuntary mental health evaluation or criminal charges, the **officer** (at his or her discretion):

1. **Contacts** the Crisis Clinic Supervisor at (206) 461-3210 ext. 1
2. **Obtains** case management history, as applicable
3. **Obtains** contact information for the case manager, as applicable
4. **Contacts** the case manager (or after-hours staff) to advise of police contact
5. **Completes** a General Offense Report, routed to CRU. (All behavioral crisis contacts, must be documented consistent with 16.110-POL-5.9.)