Crisis Intervention Incidents

431.1 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.

431.1.1 DEFINITIONS

Definitions related to this policy include:

Behavioral Health Condition - Any permanent or temporary condition adversely affecting human behavior to include mental illness, emotional disturbance, chemical influence, or intoxication.

Mental Health Call for Service (CFS) - A call for service that is determined to be the result of a person's mental health condition or crisis and they are the subject of the CFS or in some other way connected as a causal factor for the CFS.

Person in crisis - A person whose level of distress or mental health symptoms have exceeded the person's internal ability to manage his/her behavior or emotions.

431.2 POLICY

The Fargo Police Department 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 shall 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.

431.3 SIGNS

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 circumstances or events which causes the person to engage in erratic, disruptive, or dangerous behavior which may be accompanied by impaired judgment.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

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(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 mental health issue or crisis.

431.4 COORDINATION WITH MENTAL HEALTH PROFESSIONALS

The Chief of Police should designate an appropriate Division Commander 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 those who may be suffering from mental illness or who appear to be in a mental health crisis.

431.5 CRISIS INTERVENTION PROGRAM

The crisis intervention team will be composed of sworn personnel, of any rank, who have completed the appropriate certification course. The Department shall strive to maintain membership and certification for an appropriate amount of personnel assigned to the Neighborhood Services Division (NSD). No officer shall identify themselves publicly as a CIT officer until they have completed and have been certified in a department approved CIT certification course.

A NSD Lieutenant will be selected to manage and administer the CIT program. Supervision and administrative duties include:

(a) Selecting new team members.

(b) Ensure training and certification standards are met, maintained, and updated.

(c) Tracking CIT activity and evaluating the effectiveness of the program.

(d) Manage the ongoing development of the CIT program.

431.6 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 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 alone are not criminal offenses. Individuals may benefit from treatment as opposed to incarceration.

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 mental health crisis may be a factor.

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(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.

(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.

431.7 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, responding members should be aware of the following considerations and should generally:

(a) Evaluate safety conditions.

(b) Introduce themselves and attempt to obtain the person's name.

(c) Be patient, polite, calm, courteous and avoid overreacting.

(d) Speak and move slowly and in a non-threatening manner.

(e) Moderate the level of direct eye contact.

(f) Remove distractions or disruptive people from the area.

(g) Demonstrate active listening skills.

(h) Provide for sufficient avenues of retreat or escape should the situation become volatile.

Responding officers generally should not:

(a) Use stances or tactics that can be interpreted as aggressive.

(b) Allow others to interrupt or engage the person.

(c) Corner a person who is not believed to be armed, violent or suicidal.

(d) Argue, speak with a raised voice or use threats to obtain compliance.

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If officers recognize they are faced with an individual with a behavior health condition who is in crisis, and the officer cannot establish effective rapport with the person in crisis, the officer should request a CIT officer.

Once a CIT officer has established rapport with a person in crisis, the beat officer or other officers on scene shall not interfere with or interrupt a CIT officer who is attempting to de-escalate a person in crisis unless their assistance is requested by the CIT officer, or they observe unsafe circumstances at the scene which requires their intervention to maintain the safety of everyone involved.

431.8 CRISIS INTERVENTION TEAM RESPONSIBILITIES

CIT officers shall respond to calls for service where they are requested to intervene with person in crisis, or when someone in crisis is likely to be encountered. CIT officers shall not interrupt or interfere with other officers attempting to de-escalate a person in crisis unless they observe unsafe circumstances at the scene which would require them to intervene.

At the scene of an incident involving a person in crisis, a CIT officer shall become the primary point of contact with the person in crisis for the officer on the call unless effective communication has already been established by other officers on scene. Regardless of which officer becomes the primary point of contact with a person in crisis, a CIT officer may be used as a resource to refer them to the appropriate mental health or chemical dependency services.

431.9 INCIDENT ORIENTATION

When responding to an incident that may involve mental illness or a mental health crisis, the officer should request that the dispatcher provide critical information as it becomes available. 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.

431.10 SUPERVISOR RESPONSIBILITIES

Fargo Police Department supervisors shall maintain overall supervision responsibility for all department personnel, including CIT officers, duiring a crisis intervention incident. 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.

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(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 302).

(c) Re-direct or countermand CIT activity if the supervisor perceives the CIT officer is conducting themselves in a manner which puts themselves, other officers, the public, or the person in crisis in an unsafe condition.

(d) 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.

(e) Ensure that all reports are completed and that incident documentation uses appropriate terminology and language.

(f) If the incident warrants, conduct an after-action tactical and operational debriefing, and prepare an after-action evaluation of the incident to be forwarded to the Division Commander.

(g) Evaluate whether a critical incident stress management debriefing for involved members is warranted.

431.11 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.

The beat officer on any crisis intervention incident shall retain overall reporting responsibility, but the CIT officer, or other officer who established rapport, shall assume responsibility of communications with the person in crisis and documenting any mental health commitment or referral reports.

All CIT related activity should be documented by the CIT officer on the call in accordance with current department reporting procedures. In the event a CIT incident is resolved without a report or commitment documentation, the CIT officer shall be responsible for recording a brief account of the incident in the comments section of the call for service.

431.11.1 EMERGENCY DETENTION

Individuals who are not being arrested should be processed in accordance with the Mental Illness Commitments Policy (409) when appropriate.

431.11.2 DISPOSITION CODE

Member's shall ensure they provide a dispositional code for mental health calls for service either verbally to dispatch or manually using the code of "MH." This will assist the Intelligence and Analysis Unit (IAU) in tracking and sharing data internally and with other approved partners.

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431.12 CIVILIAN INTERACTION WITH PEOPLE IN CRISIS

Civilian members may be required to interact with persons in crisis in an administrative capacity, such as records request, and animal control issues.

(a) Members should treat all individuals equally and with dignity and respect.

(b) If a member believes that they are interacting with a person in crisis, they 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 them or others, an officer shall be promptly summoned to provide assistance.

431.13 EVALUATION

The Neighborhood Services Division Commander should ensure that a thorough review and analysis of the department response to these incidents is conducted annually. The report will be submitted to the Chief of Police.

431.14 TRAINING

In coordination with the mental health community and appropriate stakeholders, the Department shall develop and provide comprehensive education and training to all department members to enable them to effectively interact with persons in crisis.

To maintain certification, CIT officers must attend a minimum of eight (8) hours of CIT training every year.The training hours shall be reported to the Training and Development Lieutenant, and the Department's CIT administrator, who shall report the training hours to the North Dakota CIT Association.

431.15 REVISION DATE 04/01/2025

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