

MEETING IN THE MIDDLE

Healthy Interactions Between Community Providers and Law Enforcement

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WHO ARE WE?

- **Seattle Police Crisis Response Unit**
 - 5 officers, 1 sergeant, 1 mental health professional
 - Work typical business hours Monday-Friday
 - Work on both 911 calls and follow up cases
 - In the field, respond to 911 calls, outreach, providers
 - In office, follow up on cases, review crisis reports, ERPO's
 - Roughly 11000 crisis events a year, which are reviewed by CRU
- **Crisis Intervention Training**
 - All SPD officers have at least 8 hours of CIT annually since 2014
 - Roughly 60% of officers have also gone to an optional 40 hour CIT training and are CIT Certified
 - Dispatch will attempt to send CIT Certified officers to crisis calls, and roughly 80% of the time they arrive on calls
 - In 2018, crisis calls resulted in Use of Force (UoF) 1.7% of the time, and arrests 9.7%

WHAT THIS PRESENTATION IS

- Cultural differences between law enforcement (LE) and providers
 - Focus on emergent situations
 - Communication breakdowns and struggles
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WHAT THIS PRESENTATION IS NOT

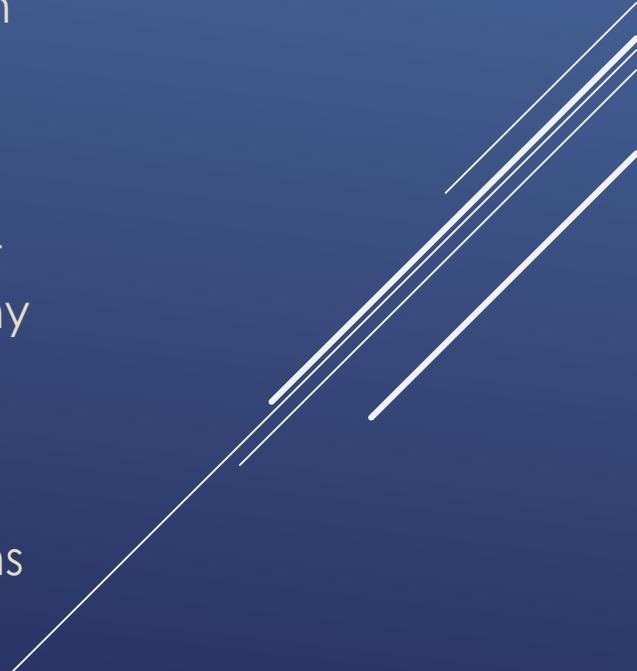
- Debate social justice vs criminal justice system
 - Justifications or debate on specific events outside of our working experience
 - An immediate fix to our problems
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WORKING IN DIFFERENT WAYS

- Providers primarily work to be flexible and creative within social structures
 - Supporting INDIVIDUAL NEEDS, frequently with creative or indirect methods (micro)
- Law Enforcement (LE) work primarily within structured protocols and hierarchy
 - In many situations there are things they MUST do or CANNOT do because of the law and a focus on community safety (macro)



LE VOCABULARY

- Emergent Detention vs ITA vs Invol
 - Different agencies use different words, but they frequently mean the same thing: LE's ability to involuntarily send someone to the hospital
 - Different agencies have different levels of training/awareness. Each agency operates as outlined in their policy and training
 - Contact (Primary) and Cover
 - Contact/Primary officers are the ones talking to the client
 - Cover officer is responsible for safety of the scene and any other unknown concerns
 - Exigency
 - This is a big factor in entering buildings. This is what informs when an officer can force entry into a location or use force on an individual
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PROVIDER VOCABULARY

- Client-centered
 - Clients have the ability to self-determine what they want to do and providers will assist as possible
 - Harm Reduction
 - Working with clients on how to limit risk when acting in ways that have dangers, such as drug use
 - Housing First
 - Giving a person low barrier housing in order to help them in their recovery
 - Trauma Informed Care
 - Everyone comes with their own history of trauma that can have neurological, biological, psychological and social effects
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LE REQUIREMENTS

- Exigency and safety
 - Civil vs Criminal
 - Need a “victim”
 - Use of force (UoF) considerations
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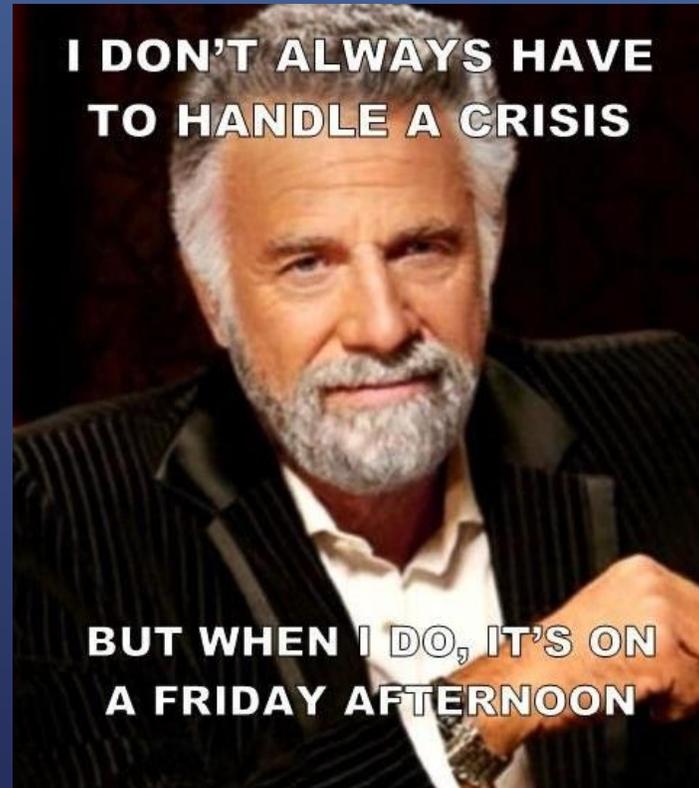
PROVIDER REQUIREMENTS

- HIPAA
 - Self-determination / client-centered
 - Building rules
 - Agency protocol
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SHARED FRUSTRATIONS

- System is broken and lots of people fall through cracks
 - No easy answer to many crisis situations
 - Not enough people/services/access to help the people in most need
 - Frequent fliers and the revolving door
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BEST PRACTICES FOR PROVIDERS



HIPAA

- Duty to warn permits health care providers to notify appropriate persons of threats to self or others
- Permits sharing necessary information if you believe they are a serious and imminent threat to self or others. This includes mental health records
- Client goes missing
- The information subject to release ... must be released to law enforcement officers ... when such information is requested during the course of business and for the purpose of carrying out the responsibilities of the requesting person's office
- Providers are not liable for information released to or used by law enforcement

42 CFR – SUBSTANCE USE RECORDS

▶ 42 CFR §2.51(a)

- (5) Crimes on part 2 program premises or against part 2 program personnel. The restrictions on disclosure and use in the regulations in this part do not apply to communications from part 2 program personnel to law enforcement agencies or officials which:
 - (i) Are directly related to a patient's commission of a crime on the premises of the part 2 program or against part 2 program personnel or to a threat to commit such a crime; and
 - (ii) Are limited to the circumstances of the incident, including the patient status of the individual committing or threatening to commit the crime, that individual's name and address, and that individual's last known whereabouts.

WHEN YOU CALL

- If you don't call, they won't come. We work with crisis and we are trained to be calm, but if you are calling 911 you probably aren't able to control the situation. This is okay!
- Identify yourself as being staff, but specific title is unnecessary.
- If you believe there is a mental health component, tell dispatch. Using the words "mental health crisis" is a good cue for dispatch. Diagnosis is not helpful most of the time!
- Clearly describe in layman's terms what is going on in as much detail as you can ("person in a place they should not be", "throwing chairs", "assault", "destroying property" etc.)

TALKING TO DISPATCH

- Your information goes through many people, so be clear and concise.
 - Call taker -> dispatcher -> computer/radio -> officers
 - Expect that officers will have only a brief overview and you will need to fill them in.
- Call takers are civilians with training, but not specialized training in medical or mental health issues – use layman's terms.
- Call takers follow a script, so try to go with the flow, and fill in more at the end.

Address	Specific location in or around building
Your name (add you are staff here)	Subject name and DOB
Weapons seen or used	Injuries
Description of subject: gender, height, weight, race, hair and eye color, clothing, any easily identifiable things	

WHEN POLICE ARRIVE

- Designate **one** person who will be the “lead” and is responsible for communicating with the officers and organizing staff.
- Try to keep other clients out of the situation as much as possible.
- Follow directions and boundaries that officers give. Ask questions afterward about what to expect in the future.
- If you are willing to assist with prosecution, clearly state it to the officers.
 - This may require you to write a statement or give a verbal statement to officers / detectives working on the incident.
 - Officers more commonly ask, “are you willing to be a victim?”

BEST PRACTICES FOR LAW ENFORCEMENT



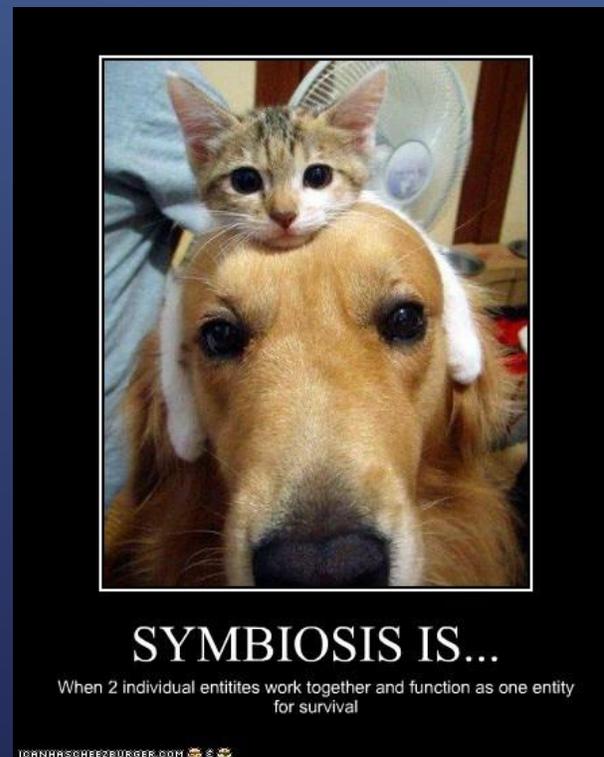
ON SCENE AT A PROVIDER AGENCY

- If reporting party is a provider, attempt to identify a main contact for the situation. If possible, ask for additional information on client.
 - Request that all other staff attempt to clear the area and engage other clients to keep them out of the situation.
 - Be clear about boundaries and other expectations to maintain safety.
 - Ask them to clearly describe in layman's terms the words and actions they have observed. If necessary remind them that clinical language is not helpful or necessary.
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AT OTHER LOCATIONS

- If possible, attempt to locate and contact outside providers.
 - They can be an asset when the situation is going on by giving you information.
 - They may be able to assist in de-escalation if you feel it is appropriate, but lay ground work before introducing them to a situation .
 - They may have suggestions of outcomes that would benefit a client, or can assist in planning.
 - After the event is over, let providers know where the client may be so they can follow up (jail, hospital, diversion facility, etc.)
 - If writing a report, add provider contact information if it may be helpful for future situations.
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AFTERWARDS AND INTO THE FUTURE



WHAT CAN WE DO TOGETHER?

Engage with each other outside of crisis situations to understand each others protocols and requirements!



IMMEDIATELY AFTERWARDS

- Remember everyone involved is human, which means they come with emotions, trauma, history and flaws
 - Be open to suggestions from each side, and seek information
 - If you have high utilizers, reach out ASAP and often to try to plan for future incidents. Community care taking allows for a window of continued communication; make use of it!
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PROVIDERS:

- Train staff on how to call 911, and best practice for communication with call takers and officers.
 - Ensure staff understand HIPAA protocols in emergent situations.
 - Ask questions once the situation is safe and taken care of. Understand that situations happen fast and have lots of protocol, so officers may not be able to give clear answers right away.
 - Share information about what you can do as a provider/agency when working with clients.
 - Debrief with staff and clients, and evaluate what can be done better next time.
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LAW ENFORCEMENT:

- Talk to providers at high response areas about what they are, who they serve and how their buildings work.
 - Find out what providers can or cannot do for LE and clients during a situation, and afterwards.
 - If possible, learn to access any system that might have centralized provider information.
 - Explain common relevant LE practices to providers you encounter (i.e. Contact and Cover, exigency).
 - After big events, expect that there will be questions and concerns. Providers will be concerned for their clients, and will want to understand how to avoid similar situations.
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10 Crisis Calls in last year

CRT Bulletin / Response Plan



Behaviors:

- Disorientation / Confusion
- Disorganized Speech

Possible Demeanors:

Baseline:

- Out of Touch with reality

Elevated:

- Disorderly Behavior
- Disorganized speech

OFFICER SAFETY

History:

- Hazard entry from 2013. Body force used - Combative

Triggers:

- Police, men

Geller, Michelle

“AJ, Snickers”

12-16-1981

A / M / 5-3 / 140 / Black / Brown

Address / Vehicle:

649 S Silver ST
Seattle, WA 12345

Contacts:

Chanel Norton – Case Mgr
ABC Counseling
206.555.5548 ext. 1123

De-Escalation Techniques

Specific:

- Stay calm
- Don't entertain an argument with him

Best Practice:

- Reassure them they are safe while with you
- Establish boundaries
- Consider the use of AMR for direct booking to KCJ if an arrest is warranted/necessary
- Do not participate in the hallucinations or delusions, don't argue them
- Speak slowly, make one request at a time

Response Plan

- 1) If a crime has been committed, make the arrest and book into the KCJ with a referral to mental health court, regardless of ITA criteria (Boundary setting).
- 2) If ITA criteria is met, absent of a crime, complete the appropriate paperwork and send him to the hospital.
- 3) Document all contacts with ABC Counseling Services, regardless of time of day. If needed, contact Geller's case manager's supervisor, Chanel Norton at 206.555.5548, ext. 1123. They need to be aware of his behavior and frequency.

Background Information

Geller will present will multiple personalities. It is best to ask him, “Who am I speaking with today?”

“AJ” is the personality in which he is most in control and has the most insight into what he needs.

“Michelle” is the most aggressive personality and considers himself the protector. If you are speaking with Michelle, assure that you are there to help him, not hurt him.

“Michael Clayton” rarely presents, but if he does, he will use the name, “Mike” or “Mikey” and his demeanor will be fearful.

Geller is also affiliated with the name Michael Clayton (transgender). His DOL name has been changed to Geller, Michelle.

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References

2018 Crisis Intervention Program Report

<https://www.seattle.gov/Documents/Departments/Police/Publications/Crisis-Intervention-Outcome-Report-101818.pdf>

HIPPA Privacy Rule and Sharing Information Related to Mental Health:

<https://www.hhs.gov/hipaa/for-professionals/special-topics/mental-health/>

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Crisis Response Team MHP

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