- In 1998 the Seattle Police Department established a Crisis Intervention Team with the primary goal of addressing persons in crisis as a result of mental illness or chemical dependency.

- In 2010, SPD obtained a BJA grant launching a 2-year Pilot Program combining a member of the Crisis Intervention Team and a Mental Health Professional (CIT / MHP) to establish a Crisis Intervention Response Team (CIRT).

- In 2012, Seattle City Council agreed to make the MHP an ongoing, funded contract employee.

- As the volume of follow up requests increased, the team grew.

- In 2015, SPD Policy changed to create a Crisis Intervention Coordinator position and restructure CIT as the Crisis Response Unit (CRU).
The CRU consists of 5 sworn officers and 1 full-time Mental Health Professional (MHP) 
- The City recently approved 4 additional MHP’s

Our unit mission is to support patrol operations with direct field response (CRT) and applicable follow-up in criminal and non-criminal cases with a mental illness nexus (CFT)

In 2019, we are on pace to have over 12,000 cases routed to the CRU. Given our staffing and case load, we primarily focus on cases with:
- Individuals presenting the highest likelihood of imminent harm and
- Those disproportionate utilizers of 911 services; related to mental health issues

We often conduct threat assessments and create **Response Plans** to assist Patrol

Our goal is to take a holistic approach to addressing individuals experiencing crisis
We utilize an Intercept Continuum with options ranging from:
- Offering and/or connecting them to social services,
- Emergent Detentions for immediate mental health care,
- Jail diversions for low-level offenses and
- Up to incarceration; with Mental Health Court considerations
Sequential Intercept model

Symptomatic behavior with non-urgent care needs

Harmless symptomatic behavior

Symptomatic behavior with non-urgent care needs

CIT-trained officer response

On-scene referral / Mobile Crisis Team

CIT-triaged

Non-criminal imminent risk

Emergent Detention (ER)

Crisis Diversion Facility (CDF)

CIT follow-up / outreach

CDF-ineligible, crime with low-risk

Crime with low-risk

Mental Health Court Diversion

Jail and prosecution

Crime with high-risk
**Response Plans**

**Geller, Michelle**

**Address / Vehicles:**
640 S Silver ST
Seattle, WA 98145

**Contacts:**
Chanel Norton – Case Mgr
ABC Counseling
206-555-5548 ext. 123

**OFFICER SAFETY**

**History:**
- Hazard entry from 2015
  - Body force used - Combative

**Possible Demeanors:**

**Baseline:**
- Out of touch with reality

**Elevated:**
- Disorderly behavior
  - Disorganized speech

**Possible Demeanors:**

**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 KCI if arrest is warranted
- Do not participate in the hallucinations or delusions, don’t argue with him
- Speak slowly, make one request at a time

**De-Escalation Techniques**

**Response Plan**

1. **If a crime has been committed,** make the arrest and book into the KCI 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. 123. They need to be aware of his behavior and frequency.

**Background Information**

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

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

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

**WARNING:**
- Sensitive information
- DO NOT distribute
- NOT FOR PUBLIC DISPLAY

Created: 5/16/22  By: Sarah Malley #421  Phone: 206-555-1978  Approved: Eric Raczanski #6809
Halja F. Hester
410/950
White / Female
34/160 / Black / Brown

Address:
5500 M L King Jr. Way S
Seattle, WA

Grover Cleveland Tech School
5511 S Ave S Seattle, WA

Contact:
Julie Tiibstad
Case Manager
Sound Behavioral Health
206.202.1254 - Direct line

Contact:
Community Psychiatric Clinic
Wrap Team Services after 9 PM
via Crisis Connections
206.446.1234
- Notify caller that you have Halja and she has WRAP services, they will call the on-duty SPC staff for that night.

Behaviors:
- Suicidal Attempt / Threat
- Hopeless / Depressed
- Disruptive / Disorderly
- Unusually scared

Possible Demeanors:
Baseline:
- Calm, Communicative

Elevated:
- Depressed
- Anxious
- Suicidal

Vehicle:
No Vehicle

OFFICER SAFETY

History:
Has slipped police and journey restraint multiple times.
- Keep a constant eye on Halima when she is handcuffed or restrained on a journey.

Triggers:
- Father
  - Physical & emotional abuse
- Mother
  - Deceased

De-Escalation Techniques

Specify:
- Enjoys pop music
- Talk through her emotions, validate her feelings.

Best Practice:
- Assess suicide lethality using the C.P.R. Method: Current Plan, Previous Behavior, Resources
- Active Interviewing (C.P.R.N. Model)
- Attempt to identify underlying cause of feelings / behaviors
- Identify Hooks and Triggers (hooks – pull the string; triggers – deflect and redirect)
Halila F. Hester
4/10/1990
White / Female
5'4 / 110 / Black / Brown

Address 1:
5320 M L King JR WY S
#102

Grover Cleveland Tech School
5511 15 Ave S Seattle, WA
206.252.7800

Behaviors:
- Suicidal Attempt / Threat
- Hopeless / Depressed
- Disruptive / Disorderly
- Unusually scared

Possible Demeanors:
Baseline:
- Calm, communicative

Elevated:
- Depressed
- Anxious
- Suicidal

Vehicle:
No Vehicle

OFFICER SAFETY

History:
Has slipped police and gurney restraints multiple times.

- Keep a constant eye on Halima when she is handcuffed or restrained on a gurney.

Triggers:
- Father
  - Physical & emotional abuse
- Mother
  - Deceased
Response Plan

1) Validate her emotions instead of asking her to explain
Halla has a hard time expressing why she feels depressed or anxious, and is embarrassed about continued police interactions. If possible, read the background below and validate that she has been in a really rough situation since coming to the USA. Her case manager has said she calms down once she realizes she doesn't have to explain why she feels bad.

2) If emergently detaining, expect resistance to restraints
She has attempted and succeeded in getting out of restraints from AMR, so extra care should be taken to secure them. Someone riding in the back of AMR to talk with her has deterred her from struggling too much.

3) Consider MCT or CSC
If she has a safe place she can stay, and she does not have a current suicide plan, contact MCT and they can give extra support. You can also consider CSC if you able to transport; Do Not offer to drive Halla to other locations.

4) Contact case manager or leave voice mail
Case manager would like to know when police have interactions with Halla. If possible, please call and leave a voice mail each time you interact.

5) Use after hours support from the WRAP Team via Community Psychiatric Clinic by calling Crisis Connections
After 5 PM, you may utilize the WRAP Team services by calling the Crisis Connections number listed above. This option should be utilized when there is no emergent detention criteria.

Background Information

Halla immigrated with her mother and brother to the USA in 2017. Upon arrival to the USA, her mother died of a heart attack. Halla and her brother were moved to Seattle to be with their estranged father who did not want to take care them. She was found with bruises shortly afterwards, and CPS investigated. They believe father beat her.

Halla has since then married and lives with her much older husband at the above listed address.

Halla often returns to her father’s residence to “hang out” with her siblings.
**OFFICER SAFETY**

**History:**

**SUICIDE BY COP**

- GOMEZ threatened to charge officers with a knife to force a lethal force encounter. GOMEZ was in possession of a pitchfork and several garden tools that could easily cause serious injury to officers.

- GOMEZ was trying to locate his twin's firearm on the morning of the incident; it had been secured before he started looking.

**Triggers:**

**FEB 1st**

- GOMEZ was raped by his uncle on Feb 1st; this date will be a trigger for his suicidal ideations.

---

**COMET, Antuono**

DOB: 02-08-1990
M / M
5'9" / 130 / 5RD / 5RD

**Address:**

9225 54 AV S Seattle

**Contact:**
Justin Puller
Husband
251-252-1234

**Possible Demeanor:**

- Baseline
  - Unknown
- Elevated
  - Suicidal
  - Stbc threats

**Behaviors:**

- Suicide by cop threats
- Uncooperative when high
- Will pretend to agree with orders but not comply

**Vehicles:**

- Plate / Make / Model / Color

---

**De-escalation Techniques**

**Specific:**

- No known hooks

**Best Practice:**

- Make the scene safe
- Ensure adequate resources
- Notify supervisor
- Establish boundaries with the person in crisis; use "I" statements (e.g., I am having a hard time understanding you because you are yelling)
<table>
<thead>
<tr>
<th><strong>Behaviors:</strong></th>
<th><strong>OFFICER SAFETY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide by Cop threats</td>
<td><strong>History:</strong></td>
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<tr>
<td>Uncooperative when high</td>
<td><strong>SUICIDE BY COP</strong></td>
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<tr>
<td>Will pretend to agree with orders but not comply</td>
<td>2019-444XXX:</td>
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<tr>
<td></td>
<td>- GOMEZ threatened to charge officers with a knife to force a lethal force encounter. GOMEZ was in possession of a 7-inch knife and several garden tools that could easily cause serious injury to officers.</td>
</tr>
<tr>
<td></td>
<td>- GOMEZ was trying to locate his twin’s firearm on the morning of this incident. It had been secured before he started looking.</td>
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<table>
<thead>
<tr>
<th>Possible Demeanors:</th>
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<tr>
<td><strong>Baseline:</strong></td>
<td>FEB 1st:</td>
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<tr>
<td>- Unknown</td>
<td>- Gomez was raped by his uncle on Feb 1st, this date will be a trigger for his suicidal ideations.</td>
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<tr>
<td></td>
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<tr>
<td><strong>Elevated:</strong></td>
<td></td>
</tr>
<tr>
<td>- Suicidal</td>
<td></td>
</tr>
<tr>
<td>- SbC threats</td>
<td></td>
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</table>

| **GOMEZ, Auturo**      |                                    |
| 06-28-1990             |                                    |
| H / M                  |                                    |
| 5-06 / 130 / BRO / BRO |                                    |

| **Address 1:**         |                                    |
| 9626 54 AV S Seattle   |                                    |

| **Address 2:**         |                                    |
| Street address         |                                    |

| **Vehicle:**           |                                    |
| Plate / Make / Model / Color |                                    |
## Response Plan

1) **Documentation**
Document perceived and actual Officer & Public safety risks associated with GOMEZ Words, Actions and Behaviors.
- Why there is an imminent likelihood of serious harm to self or others. Include all Tactical De-escalation techniques utilized when engaging GOMEZ.

2) **If PC exists for anything, arrest and route through mental health court**
   GOMEZ has had multiple incidents in which criminal behavior was part of the incident.

3) **Emergently detain as necessary**
   If he is requesting to go to the hospital, or meets criteria, emergently detain as needed. He has made homicidal statements and threats in the past.

## Background Information
The incident on 02-01-2019 was a serious escalation in GOMEZ’s behavior. GOMEZ’s husband PULLER, made statements to CRT that this was “different” than other times GOMEZ has made threats and he believed GOMEZ meant the Suicide by Cop threats.

GOMEZ is known to use cocaine and has been refusing to take his medication for psychosis because “he doesn’t need them” after they are effective.

GOMEZ’s house has security cameras and a hilltop view of the street. Any tactical approaches to the house will be at a significant disadvantage. GOMEZ’s twin owns a firearm and it may be in the house.

GOMEZ’s family owns the Los Tacos restaurant at 1234 RAINER AV. Responses to this location may involve GOMEZ.
Crisis Template stats from 2018:

11,433 – Templates (Average of 31 / day)

3,716 – Emergent Detentions
955 – Voluntary evaluations

1,788 – Declined services (15.6%)
774 – MCT contacted
252 – Case manager contacted
252 – Referred to DCR/DMHP
100 – Substance abuse referrals

1,162 – Arrests (10.1%)

261 – Reportable use of force (2.28%)
  ** Type I - 216 (82.7%)**
  ** Type II & III - 74 (0.6% of Total Crisis)**

Combined 40.85% = Subject sent to Hospital
Force means any physical coercion by an officer in performance of official duties, including the following types of force:

* **Type I** – Force that causes transitory pain (ie - “ouch”), the complaint of transitory pain (ie – handcuffs ‘too tight’), disorientation, or intentionally pointing a firearm or bean bag shotgun at a person.

* **Type II** – Force that causes or is reasonably expected to cause physical injury greater than transitory pain but less than great or substantial bodily harm (ie - cuts and scrapes), and/or the use of any of the following weapons or instruments: CEW, OC spray, impact weapon, bean bag shotgun, deployment of K-9 with injury or complaint of injury causing less than Type III injury, vehicle, hobble restraint.

* **Type III** – Force that causes or is reasonably expected to cause, great bodily harm, substantial bodily harm, loss of consciousness, or death, and/or the use of neck and carotid holds, stop sticks for motorcycles, impact weapon strikes to the head.
<table>
<thead>
<tr>
<th>DISORDER</th>
<th>TYPE</th>
<th>SYMPTOMS</th>
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<tbody>
<tr>
<td>DEPRESSION</td>
<td>Emotions</td>
<td>Unusually sad</td>
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<tr>
<td></td>
<td>Thoughts</td>
<td>Loss of interests</td>
</tr>
<tr>
<td></td>
<td>Behavior</td>
<td>Fatigue</td>
</tr>
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<td>Physical</td>
<td>Crying</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicidal thoughts</td>
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<tr>
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<td>Sleep issues</td>
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<td>PSYCHOSIS</td>
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<td>Hallucinations</td>
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<td>Cognitive difficulty</td>
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<td>Loss/Lack of drive</td>
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<td>Flat Affect</td>
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<td>Thermo-disregulation</td>
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<td>BIPOLAR</td>
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<td>Increased energy</td>
</tr>
<tr>
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<td></td>
<td>Elevated mood</td>
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<td>Lack of sleep</td>
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<td></td>
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<td></td>
<td>Mania</td>
<td>Rapid thoughts/speech</td>
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<tr>
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<td>Lower inhibitions</td>
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<td>Grandiose delusions</td>
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<td>Lack of insight</td>
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<tr>
<td>DEPRESSION</td>
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<td>- See above -</td>
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<tr>
<td>DRUG INDUCED</td>
<td>EXCITED DELIRIUM</td>
<td>Any of the above listed symptoms. **Appear quickly and dissipate as drugs / alcohol leave system</td>
</tr>
</tbody>
</table>

**ANXIETY**
- Psychological Behavior Physical
- G.A.D. - General Anxiety Disorder
- Excessive worry
- Poor problem solving
- Concentrations issues
- **Symptoms more than 6-months**
- PANIC
- Racing heart
- Sweating
- Shortness of breath
- Dizziness
- Detached feeling
- **Can mimic heart attack**
- PTSD vs. Acute Stress
- Intense fear
- Helplessness
- Dreams
- Flashbacks
- Avoidance behavior
- Hyper-vigilance

**Options:**
- CSC / CDF: For eligible offenses (screen prior) Book KCJ / Route to Mental Health Court (Misdemeanors)
- Emotional Based:
  - Acknowledge how they perceive situation, validate feelings & fears
  - Do not "buy-in" or "argue" delusions or hallucinations
  - Display empathy & Build rapport
  - What has helped or made them feel safe in the past
- Personality Based:
  - Set context for interaction
  - Establish ground rules
  - "I" Statements & Effective pauses to enforce boundaries

*** THIS LIST IS A GENERAL REFERENCE AND NOT DESIGNED TO BE ALL INCLUSIVE ***

**Resources:**
- Contact CRT via Communications
- Crisis Clinic: 206-461-32xx (Have DMHP in-person or phone)
- Mobile Crisis Team: 206-245-32xx
- CSC / CDF: 206-682-23xx
- DESC: 206-464-15xx
- CCORS: 206-461-32xx
## Patrol Operations Personnel

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<table>
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<td>Southwest</td>
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</tr>
</tbody>
</table>
Crisis Calls: 11,433  Subject Count: 7,082
ERPO: 32 (82 Assessed)  Response Plans: 27 (70 Bulletins)

<table>
<thead>
<tr>
<th>CRT Activity Stats* (Year End, 2018)</th>
</tr>
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<tbody>
<tr>
<td><strong>Year End 2018</strong></td>
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<tr>
<td>Patrol Support</td>
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<td>Citizen ride along</td>
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<td>Shelters &amp; Day Services</td>
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<td>MH Facilities</td>
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<tr>
<td>Roll Call Attendance</td>
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<tr>
<td>Follow-ups / Office based</td>
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</tbody>
</table>

*As multiple CRT Units might ‘touch’ the same event, they all get credit individually*
**CRT Activity Stats** *(Aug 12, 2019)*

<table>
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<tr>
<th>Service Type</th>
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<tr>
<td>Follow-ups / Office based</td>
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<td>314</td>
</tr>
</tbody>
</table>

*As multiple CRT Units might ‘touch’ the same event, they all get credit individually*

**ERPO Data Y-T-D (Aug 12, 2019) / Totals since 2017 - Avg 37.5 hrs (Full ERPO)**

- **Vetted (new):** 54 / 147
- **Petitions (new):** 13 / 55
- **Denied Full:** 0 / 4
- **Vetted (renew):** 25 / 38
- **Renewals:** 4 / 4

**FIREARMS:**
- **Total:** 41 / 138
- **Long Guns:** 19 / 58
- **Post-ERPO:** 16 / 69
- **ERPO - No Firearms:** 4 / 11
EXTREME RISK PROTECTION ORDER (I-1491 / RCW)

- Temporarily prevent individuals who are at high risk of harming themselves or others from accessing firearms
- By allowing family, household members, and police to obtain a court order when there is:
  - Demonstrated evidence the person poses a significant danger
    - Including danger as a result of:
      - A dangerous mental health crisis or
      - Threatening or
      - Violent behavior
Internal Vetting Process – 185 Total

Review of Initial Case:
- All associated reports, SIR’s, Bulletins
- Check Firearms Eligibility
- BWV, ICV, 911 tapes, coordination with family, on-scene officers

Coordination with external resources:
- Family, household members, witnesses, service providers, DCR’s

Consult with CRU staff for case debrief:
- Include MHP

Approval by Supervisor:
- Review and authorize petition
- Review threat assessment matrix for service
## “Red Flag” Laws – ERPO

### Existing

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<th>Year</th>
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</tr>
<tr>
<td>Washington</td>
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### Under consideration

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<td>Michigan</td>
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<td>Minnesota</td>
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<td>New Mexico</td>
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RESOURCES FOR LAW ENFORCEMENT:

- Crisis Connections hotline
- Crisis Solutions Center
  - Mobile Crisis Team
- Crisis Diversion Facility
- DCR’s
- Local Service Providers
  - HOST, REACH, Roots, LEAD, Vital - FF
- Mental Health Court – Municipal & Superior
- Veteran’s Court
Policy and Forms

- SPD Directive requiring the use of the Crisis Template was published on May 14, 2015

- Crisis Template reporting went live for use in the field on May 15, 2015

- New Crisis Intervention policy went live on July 24, 2015
Crisis Template

• In 2018, the Seattle Police Department Contacted 14,400 persons in behavioral crisis.

• SPD is averaging 39 contacts with persons in crisis daily.
Versadex
MARK43 DEPLOYMENT
MARK43
DEPLOYMENT

Weapon or Force Involved

- None/Not Applicable
- Blunt Object/Striking Implement
- Explosives
- Fire/Incendiary Device
- Firearm
- Handgun
- Knife/Cutting/Stabbing Instrument
- Mace/Pepper Spray
- Other Firearm
- Personal Weapons (hands, feet, etc.)
- Poison
- Rifle
- Shotgun
- Taser/Stun Gun
Crisis Response Unit
Crisis Events Dashboard
Under construction for MARK43 cutover

Crisis Count: 10,648
Crisis Subject Count: 7,214

Reported Date: 7/22/2018 - 7/22/2019

Nature of Crisis:
- Unknown Crisis Nature (48.46%)
- Biologically Induced

Exhibiting Behavior:

Disposition:
- Emergent Detention

The Use of Force Rate (red), indicates the number of crisis contacts involving force for every 100 (percent) reported, during a given period of time.

Data current as of 7/22/2019 8:06:14 AM
Disposition
How can you leverage this data?

• Quantifies how often LEOs are interacting those in crisis

• Identifies emerging trends which can assist in facilitating training

• Measures previously un-documentated data points (non-traditional law enforcement responses)

• Empowers LEOs to assist in policy development outside of their discipline to provide better, more inclusive and accessible diversion options
Contact Information

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- SGT Eric Pisconski - Crisis Response Unit  
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