



University of Wisconsin–Madison Police

Policy: 42.6

SUBJECT: RESPONDING TO INDIVIDUALS IN CRISIS

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STANDARD: CALEA 41.2.7

INDEX:

- 42.6.1 RESPONDING TO INDIVIDUALS IN CRISIS
- 42.6.2 FOLLOW-UP FOR STUDENTS OR STAFF IN CRISIS
- 42.6.3 ALCOHOL INTOXICATION & INCAPACITATION
- 42.6.4 EXCITED DELIRIUM

POLICY:

The UW–Madison Police Department shall provide guidelines for personnel in contact with persons with a mental health condition, experiencing a mental health crisis, intoxication and/or incapacitation and shall treat such individuals with dignity, respect and be provided access to law enforcement and community resources available in the local and surrounding areas.

DEFINITIONS:

“Crisis Intervention Team (CIT) or Crisis Intervention Partner (CIP) is a sworn police officer, security officer, law enforcement dispatcher, or civilian employee with the Department who has received specialized training in recognizing and understanding the signs, symptoms, varying degrees of mental illness, and how to de-escalate a crisis.

“Intoxicated” refers to a person whose mental or physical functions are impaired by the use of alcohol but who is able to take care of themselves.

“Incapacitated” refers to a person who as a result of the use of or withdrawal from alcohol or drugs is so mentally or physically impaired that they are unable to take care of themselves.

“Mental health condition” refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior.

“Substantial probability of harm” refers to the greater likelihood that harm will occur than not.

PROCEDURE:

42.6.1 RESPONDING TO INDIVIDUALS IN CRISIS

- A. The following general descriptors may be indicative of a person with a mental health condition. Officers must be mindful that these behaviors may also signify a condition other than mental health (i.e. - medical conditions, head injury, dementia/Alzheimer’s, etc.)
1. Confusion or disorientation
 2. Diminished, inappropriate or muted feelings or emotions
 3. Strange behaviors including inappropriate dress or unusual social behaviors
 4. Insomnia or hypersomnia
 5. Significant weight loss not attributed to dieting
 6. Extremely animated or sluggish movements
 7. Fatigue or loss of energy
 8. Inability to concentrate
 9. Recurrent thoughts of death without suicide plan or attempt
 10. Manic symptoms: great happiness, inflated self-importance, rapid flights of thought, great energy, risk taking behaviors, enhanced physical activity with little or no sleep
 11. Concrete thinking: interpreting concepts literally with difficult time understanding abstract ideas
 12. Anxiety, including panic attacks, social phobias or obsessive-compulsive thought and behavior patterns
 13. Delusions: a fixed or rigid thought pattern which evidence to the contrary does not resolve (believing they are the president)

14. Hallucinations: a sensory perception despite no sensory stimulus (hearing voices, seeing monsters, feeling bugs on their skin, etc.)
 15. Admission of specific diagnosis or of using psychotropic medication
 16. Expressing thoughts or ideas that seem illogical, bizarre, suspicious or paranoid
 17. Trash or other items of little worth that appear to have been collected or are inexplicably retained.
 18. Large amount of debris in/around residence
 19. Strange decorations or ritualistic displays present in residence
- B. Officers shall consider the necessity of involving additional resources in evaluating a person with mental health concerns. Further assessment by a CIT/ CIP officer, a crisis worker, or another mental health provider may be required. The following are potential options for the officer:
1. Release of the individual with a referral made to a mental health provider.
 2. Place the individual in the custody of their family or friends.
 3. Consultation and/or evaluation with a mental health provider.
 4. Arrest and/or citation for a violation.
 5. Emergency detention.
- C. The contracted Dane County mental health provider shall be consulted for all potential emergency detentions. The Emergency Services Unit (Crisis) may offer treatment options for the subject and will help facilitate medical clearance for admission to an approved mental health facility. Wisconsin statute [51.15](#) requires a substantial probability of harm and a police officer's Affidavit for Temporary Custody. An officer placing an individual under emergency detention shall follow the procedures specified on the Emergency Detention Form. Per Wisconsin State Statute 51.15, the person must be suffering from mental illness, drug dependency or a developmental disability. The substantial probability of harm may be evidenced by the following:
1. Recent threats or attempts at suicide or serious bodily harm.
 2. Attempts or threats to harm others.
 3. Others are placed in reasonable fear of violent behavior and physical harm, as evidenced by a recent overt act, attempt or threat to do physical harm.
 4. Physical impairment or injury to him or herself due to impaired judgment as manifested by a recent act or omission.
 5. Behavior manifested by a recent act or omission that due to mental illness or drug dependency he or she is unable to satisfy basic needs for nourishment, medical care, shelter or safety without prompt and adequate treatment so that a substantial probability exists that death , serious physical injury, debilitation or disease is likely to ensure.
- D. The Department has established a set of guidelines for sworn officers to follow in dealing with persons they suspect are suffering from a mental health condition and/or are in crisis during contacts, to include interviews and interrogations which are as follows::
1. Gather as much information as possible about the individual from family, friends, human services and/or witnesses.
 - a. Has the person threatened or attempted to use violence or acted dangerously toward themselves or others?
 - b. Does the person have a history of a diagnosed mental health disorder?
 - c. Does the person take any prescribed medications?
 - d. Does the person take any non-prescribed medications?
 2. Establish a perimeter to protect the person suffering from a mental health condition/and or crisis.
 - a. Remove distractions such as noise and bystanders to help diffuse the situation.
 - b. Move slowly and announce your actions before initiating them, unless doing so would compromise safety.
 - c. Adhere to sound tactical principles for the protection of the person suffering from a mental health condition and/or crisis, officers, and bystanders.
 3. When tactically safe to do so, communicate with the person suffering from a mental health condition and/or crisis using the following guidelines:
 - a. Remain calm and respectful.
 - b. Be friendly, patient, truthful, encouraging, and remain firm and professional.
 - c. Use simple, consistent language.
 - d. Reassure the person that you do not intend to harm them.
 - e. Avoid sudden movement, shouting or giving rapid orders.
 - f. Avoid forcing discussion, give them time to process.
 - g. Avoid getting too close, cornering, or touching the person without their permission.
 - h. Avoid expressing anger, impatience, or irritation.
 - i. Avoid buying into or agreeing with delusional or hallucinatory statements.
 - j. Do not use inflammatory language, make jokes or rude comments.

- k. Do not assume a person who does not respond cannot hear or comprehend you.
 - l. Do not ask why, instead ask how or what.
- E. Upon initial hire, all department employees shall receive training addressing mental health conditions and/or recognizing persons in crises. All employees shall receive annual mental health training.

42.6.2 FOLLOW-UP FOR STUDENTS OR STAFF IN CRISIS

- A. The University of Wisconsin- Madison has a system in place to help students and staff in crisis. If an officer comes into contact with a student or staff member exhibiting mental health concerns that include self-harming behavior, harm to others and other relevant information about the behavior, this information shall be passed onto the Investigative Services Can or designee. An incident report shall be filed of the officer's observations and the investigation into the behavior(s) causing concern.
- B. If any person exhibits behavior that is threatening to the campus community, information on the behavior shall be passed onto the Investigative Services Captain or designee. If there is an immediate or imminent life safety concern, the Manager on Call (MOC) shall be notified as soon as possible.

42.6.3 ALCOHOL INTOXICATION & INCAPACITATION

The following shall outline procedures for dealing with intoxicated or incapacitated persons:

- A. Under Wisconsin statute [51.45 \(11\)\(a\)](#), a police officer has certain responsibilities when dealing with persons intoxicated by the use of alcohol. An intoxicated person who has not demonstrated violent or threatening behavior or problems concerning a lack of judgment may be offered help, although they can decline the assistance. Intoxicated juveniles cannot decline assistance.
 - 1. Adults younger than the legal drinking age should be cited if appropriate and released if it reasonably appears that they are not incapacitated from their use of alcohol.
 - 2. Adults that have attained the legal drinking age should be released if it reasonably appears that they are not incapacitated from their use of alcohol.
 - 3. Appropriate enforcement action should be taken with juveniles and an intoxicated juvenile may be released to another responsible adult when a parent or guardian cannot be contacted.
- B. If it is determined the person is incapacitated, they shall be placed in protective custody and transported to the appropriate detoxification facility in accordance with Wisconsin State Statute [51.45 \(11\) \(b\)](#). If a person is so incapacitated as to be completely unresponsive and unable to move, EMS should be utilized to transport the person to an emergency room for a medical evaluation. For the purpose of this directive, protective custody is not an arrest, but the appropriate officer safety techniques such as searching and handcuffing shall be utilized.
- C. When an incident takes place in a residence hall involving an incapacitated person, an on-call residence hall staff member should be notified.

42.6.4 EXCITED DELIRIUM

- A. Excited Delirium is a life-threatening medical emergency. Some behavioral characteristics suggestive of excited delirium include: inappropriate shedding of clothes; excessive strength; bizarre actions; incoherent shouting; combativeness; aggression; hyperactivity; extreme paranoia; hallucinations; shivering; and profuse sweating. Street drugs implicated in the development of excited delirium include: cocaine, amphetamines, methamphetamine, PCP and LSD. When a combination of these characteristics is viewed by an officer, EMS should be called as early in the contact as possible due to the life-threatening nature of Excited Delirium.