

## 6.00.000 USE OF FORCE

6.00.005

### **POLICY STATEMENT:** 04/15

Sheriff's Office members shall not use either physical or deadly force on any person except that which is reasonably necessary to effect an arrest, to defend themselves or others from violence, or to otherwise accomplish police duties according to law. To the extent that Sheriff's Office Policy may contain provisions more restrictive than the state law, such provisions are not intended, nor may they be construed or applied, to create a higher standard of care or duty toward any person or to provide a basis for criminal or civil liability against the County, the Sheriff's Office, or any of its officials or individual deputies. Secondly, whenever use of force is required, criminal charges should be filed against the suspect, when appropriate.

Any use of force by Sheriff Office members must be objectively reasonable: **The reasonableness of a particular use of force is based on the totality of circumstances known by the officer at the time of the use of force and weighs the actions of the officer against the rights of the subject, in light of the circumstances surrounding the event.** It must be judged from the perspective of a reasonable officer on the scene, rather than with the 20/20 vision of hindsight. The assessment of reasonableness must embody allowance for the fact that police officers are often forced to make split-second decisions - in circumstances that are tense, uncertain, and rapidly evolving - about the amount of force that is necessary in a particular situation.

The reasonableness inquiry in an excessive-force case is an objective one: the question is whether the officers' actions are objectively reasonable in light of the facts and circumstances confronting them, without regard to their underlying intent or motivation.

### **DEFINITIONS:** 09/12

6.00.010

For purposes of this policy:

**"Deadly force"** means the intentional application of force through the use of firearms or any other means reasonably likely to cause death or serious physical injury (RCW 9A.16.010 (2)).

**"Necessary"** means that no reasonably effective alternative to the use of force appeared to exist and that the amount of force used was reasonable to effect the lawful purpose intended (RCW 9A.16.010 (1)).

**"Physical force"** means the intentional application of force through the use of physical contact that does not rise to the level of deadly force.

1. This includes hitting with or without an object, kicking, and use of any chemical agent.
2. Any other use of force that results in injury or complaint of injury.
3. This does not include routine handcuffing and control holds not amounting to the conditions above.

6.00.015

### **USE OF FORCE AND MEDICAL TREATMENT:** 09/16

When possible, members shall call for medical aid when there is an obvious, suspected or alleged injury to any person involved in the use of force.

***King County Sheriff General Orders Manual Chapter 6***

6.00.020

### **DE-ESCALATION:** 01/17

1. When safe under the totality of the circumstances and time and circumstances permit, deputies shall use de-escalation tactics in order to reduce the need for force.

2. When time and circumstances reasonably permit, deputies shall consider whether a subject's lack of compliance is a deliberate attempt to resist or an inability to comply based on factors including, but not limited to:

- a. Medical conditions.
  - b. Mental impairment.
  - c. Developmental disability.
  - d. Language barrier.
  - e. Behavioral crisis.
3. When time and circumstances reasonably permit, deputies shall attempt to de-escalate use of force situations by:
- a. Moving from a position that exposes deputies to potential threats to a safer position.
  - b. Decreasing the exposure to potential threat by using:
    - Distance.
    - Cover.
    - Concealment.
  - c. Communicating from a safe position with the intention to gain the subject's compliance, using:
    - Verbal techniques such as Listen and Explain with Equity and Dignity (LEED) Training, to calm an agitated subject and promote rational decision making.
    - Advisements.
    - Warnings.
  - d. Calling extra deputies or specialty units to assist.

### **PHYSICAL FORCE, USE OF: 03/09**

6.00.025

1. When necessary, members may use physical force when the member(s) reasonably believes that other force options would be ineffective or impractical.
2. Members may use physical force to overcome a subject's combative or active resistance.

### **DEADLY FORCE, USE OF: 06/92**

6.00.030

RCW 9A.16 establishes a higher standard for the police officer than the private citizen in the application of deadly force.

1. Members shall exhaust every reasonable means of apprehension before resorting to the use of deadly force.
2. Firearms shall not be drawn or pointed unless a member has reason to believe that their use may be required.
3. When necessary, a member may use deadly force only when **both** of the following elements exist:
  - a. Either to overcome actual resistance to the execution of the legal process, mandate, order of a court or officer, or in the discharge of a legal duty, or to arrest a person who the member reasonably believes has committed, has attempted to commit, is committing, is attempting to commit a felony; **and**
  - b. The member has probable cause to believe that the suspect, if not apprehended, poses a threat of **serious physical harm** to the member or others.
4. The threat of serious physical harm includes, but is not limited to, cases in which:
  - a. An armed suspect threatens someone or displays a weapon in a threatening manner; or
  - b. It is reasonably believed that the suspect committed or attempted to commit a crime of violence involving either actual or threatened serious physical injury.
5. If possible, members should warn the suspect that deadly force may be used.
6. RCW 9A.16.040 (3) states that "a public officer or peace officer shall not be held criminally liable for using deadly force without malice and with a good faith belief that such act is justifiable pursuant to this section."
  - Members shall not be censured or disciplined if a suspect is not apprehended, where the member deemed the use of deadly force to be unwise.
7. Members shall read and fully understand RCW 9A.16.010 - 9A.16.040.

**RESTRICTIONS:** 03/09

6.00.035

1. Discharging a firearm as a warning is prohibited.
2. Members shall not shoot from a moving vehicle, except as a last resort.
3. Members shall not shoot at a moving vehicle, unless:
  - a. Deadly physical force is being used against the member or another person by means other than a moving vehicle; or
  - b. The moving vehicle poses an imminent and identifiable threat of serious physical harm to the member or others from which there is no reasonable means of escape. For the purposes of this section, members:
    - Shall attempt to move out of the path of an oncoming vehicle, if possible, rather than discharge their firearm; and
    - Shall not intentionally place themselves in the path of an oncoming vehicle and attempt to disable the vehicle by discharging their firearms.
4. Members shall not discharge their firearms at a fleeing vehicle unless a member reasonable believes, and can articulate reasons therefore, why the necessity for immediate apprehension outweighs the danger to the public that is created by discharging a firearm.
5. Members shall not make any physical application or maneuver to the neck region that restricts blood or air flow (i.e., choke holds, sleeper holds, carotid submission holds, lateral vascular neck restraint, etc.), except as a last resort to protect the member(s) or others from an immediate threat of death or serious bodily injury.
  - Any and all variations of these maneuvers may be considered **deadly force** when applied to the neck region.

**SEARCHES:** 07/17

5.00.055

**Community Caretaking Searches:** Community caretaking exception: A limited search initiated for noncriminal investigative purposes (e.g., welfare checks, mental complaints/suicides, etc.) may be conducted to provide aid or protect property as long as it ends once the safety concern is resolved.

During a community caretaking contact a deputy may:

- a. Request a citizen to take his/her hands out of his pockets and to keep his hands visible without converting the contact into a seizure or arrest; or
- b. Take other protective measures if the citizen behaves in a way that causes a legitimate concern for deputy safety.

However, if evidence of a crime is observed during the contact, the deputy should obtain a warrant to pursue a criminal investigation after resolving the community care taking function.

**5.08.000 PERSONS IN BEHAVIORAL CRISIS**

5.08.005

**INTRODUCTION:** 12/16

Members of the King County Sheriff's Office (KCSO) may engage with individuals in the community who have behavioral health disorders. This includes people exhibiting signs of mental health disorders, substance use disorders and/or personal crises. These contacts may occur in the field, at their home, or their worksite, and may be initiated through in-station reporting, self-initiated activity, or calls for service. The objective of this policy is to assist the KCSO to recognize and respond to individuals exhibiting signs and symptoms of a behavioral health crisis and to provide resource and referral options in order to connect the individual to available community-based services. It should be noted that individuals with behavioral health disorders who come into contact with the KCSO may not be in crisis, as signs and symptoms of a behavioral health disorder are not in and of themselves indicative of a crisis. Additionally,

an individual who is in crisis may not have a behavioral health disorder. Interactions with individuals experiencing a behavioral crisis can be variable depending on the specific situation and person(s) involved. Recognition of symptoms that people may be experiencing in a behavioral crisis is an important part of resolving contacts with them. Every contact with a person with a suspected behavioral health issue or in crisis should be approached with safety for the individual, the public and the deputy(s) in mind. In order to effectively respond to individuals in behavioral health crisis and reduce risk, deputies should utilize a careful and considerate approach and a calm demeanor.

## **DEFINITIONS:** 12/16

5.08.010

For the purpose of this policy:

**“Behavioral Health”** means the prevention, treatment of, and recovery from substance use, mental health, and/or problem and pathological disorders.

**“Behavioral Health Crisis”** can be defined as an episode of mental health, substance use and/or personal distress that creates significant or repeated disturbance and is considered disruptive by the community, friends, family or the person themselves.

**“Commitment”** means a Superior Court order which orders the individual for continued treatment past the initial 72 hour detention period.

**“Crisis”** means an actual or perceived urgent or emergent situation that occurs when an individual's stability or functioning is disrupted and there is an immediate need to resolve the situation to prevent a serious deterioration in the individual's mental or physical health or to prevent referral to a significantly higher level of care. (WAC 388-877-0200)

**“Designated Mental Health Professional”** (DMHP) means a mental health professional designed by the appropriate Regional Support Network to perform the duties of the Involuntary Treatment Acts (RCW 71.05 and RCW 71.34).

**“Detention” or “Detain”** means the lawful confinement of a person by a DMHP under the provisions of RCW 71.05 for a period of up to seventy two (72) hours not counting weekends or holidays. A person placed on an involuntary hold at a local hospital emergency room by law enforcement may or may not end up being referred to a DMHP for a detention evaluation by the hospital.\*

**“Gravely disabled”** means as a result of a mental disorder the person is incapable of providing *essential* human needs of health or safety to themselves or manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving or would not receive, if released, such care as is essential for his or her health or safety. A finding of grave disability requires evidence of failure or inability to provide for essential human needs such as food, clothing, shelter, and medical treatment that presents a high likelihood of serious physical harm within the near future unless adequate treatment is afforded.

**“Imminent”** means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote.

**“Likelihood of serious harm”** means the person has shown substantial risk and/or evidence of causing harm to themselves, others, or others property.

**“History of one or more violent acts”** refers to the period of time ten (10) years prior to the filing of a petition, excluding any time spent, but not any violent acts committed, in a mental health facility or in confinement as a result of a criminal conviction. (RCW 71.05.020)

**“Mental Disorder”** means any organic, mental, or emotional impairment which has substantial adverse effects on an individual's cognitive or volitional functions and which constitutes a substantial impairment in a person's ability to participate in activities of normal living. An individual cannot be detained by a DMHP solely by reason of the presence of a mental disorder.

**“Mental Health Professional”** (MHP) means a psychiatrist, psychologist, psychiatric nurse, or social worker and other mental health professionals as defined by WAC 388-877.

**“Mental Illness”** means a state of impairment which results in a distortion of a person's capacity to recognize reality due to hallucinations, delusions, faulty perceptions or alterations of mood, and interferes with an individual's ability to reason, understand or exercise conscious control over his actions.

**RECOGNIZING A PERSON IN A BEHAVIORAL CRISIS: 12/16**

5.08.015

1. When Sheriff's Office personnel are called to respond to, or come in contact with, an individual experiencing a behavioral crisis, their behavior may include one or more of the following:
  - a. Incoherent or disorganized speech.
  - b. Delusions or false beliefs (distorted perceptions of reality).
  - c. Talking or laughing to one's self.
  - d. Rapid, uninterruptible speech.
  - e. Jumping from topic to topic when talking.
  - f. Staring blankly or not moving for long periods of time
  - g. Unreasonable fears.
  - h. Loss of memory or confusion
  - i. Mood disturbance (anger, sadness, anxiety, etc.)
  - j. Rapid mood swings.
  - k. Feeling watched or followed.
  - l. Hearing commands from the television or radio.
  - m. Hearing, smelling, feeling or seeing things that are not there (hallucinations).
  - n. Attempted suicide.
  - o. Any combination of the above behaviors.
2. These behaviors may be affected, or intensified, by the use of substances including alcohol, marijuana, and/or illicit drugs, or the failure to take medications as prescribed.
3. The majority of individuals who are experiencing behavioral crisis are not dangerous, and in fact, individuals with behavioral health disorders are more likely to be victims of violence than perpetrators of violence. However, there is the potential that some individuals may engage in behaviors that could pose a safety risk, or there could be certain circumstances or conditions that increase the potential for the individual to engage in risky or dangerous behavior.
4. Deputies may use several indicators to determine whether the individual represents an immediate or potential danger to self or others. These include the following:
  - a. Availability of weapons.
  - b. Threatening statements by the person.
  - c. Past history of violence.
  - d. The amount of control the person exhibits over their emotions.

**RESPONDING TO INDIVIDUALS IN BEHAVIORAL CRISIS: 12/16**

5.08.020

1. If during a street contact, interview, or arrest, a deputy determines a person may be in crisis, may pose a potential threat to themselves and/or others, or may otherwise require law enforcement intervention, the following responses are recommended:
  - a. Take steps to calm the situation. Where possible, eliminate the emergency lights and sirens, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing with the individual. Avoid physical contact, and take time to assess the situation whenever possible.
  - b. Move and speak slowly. Provide reassurances that you are there to help and that they will be provided with the appropriate assistance.
  - c. Relate your concern for them and allow them to share their feelings. Indicate a willingness to help and understand.
  - d. Don't threaten the person with arrest. This will only create more stress and increase risk to safety.
  - e. Don't express anger or impatience.
  - f. Avoid topics that may agitate the person and guide the conversation toward subjects that help ground the individual to time and place.
  - g. Always attempt to be truthful with the individual. If the person becomes aware of a deception, they may withdraw from the contact or become upset and potentially act out in an unsafe manner.
  - h. If the person starts to become combative, remove any potential weapons from the immediate area and restrain the individual if necessary. Using restraints on persons experiencing a behavioral crisis can

aggravate the situation. Deputies should be aware of this fact, but should take those measures necessary to protect their safety.

i. Deputy safety is paramount, and these calls should be handled by a minimum of two deputies. Request back-up as necessary.

- Whenever possible, EMS should stage nearby so medical care can be provided in a timely manner.

## **TYPES OF CONTACTS:** 06/17

5.08.025

### **Non-criminal**

Generally three types of dispositions result from a non-criminal contact with a person in behavioral crisis; 1) detention for evaluation for involuntary treatment 2) referral for contact by mental health professionals, or 3) no action (because none is necessary).

1. Involuntary Treatment: Per RCW 71.05 the following grounds are necessary for a deputy to take a person into custody for a mental health evaluation and possible referral to the DMHPs for an additional evaluation for a seventy two (72) hour detention. As a result of a mental disorder an individual who will not voluntarily seek appropriate treatment and poses an imminent likelihood of serious risk based on:

a. Danger to others - threats or attempts to harm another person or behavior that places a person in fear of sustaining harm such as making serious threats to kill others or engaging in behavior that places others at risk of serious bodily injury.

- Danger to others requires a victim who was injured or afraid due to an act or threat of harm by the person

b. Danger to self - threats or attempts to commit suicide or harm one's self. All suicide attempts and/or threats shall be taken seriously.

- Danger to self requires a witness to the threats or attempt of suicide/harm.

c. Danger to property - substantial loss or damage to property of others.

- Danger to property requires a victim whose property was damaged.

d. Grave disability - behavior which results in the person in danger of physical harm because they are unable to provide for their basic needs of health and safety. Some examples could be:

- Suffering from extreme dehydration or malnutrition.
- Unable to care for basic health and safety needs.
- Wandering in traffic.

2. Deputies may take persons into custody if the incident requires immediate action.

- The destination hospital shall be determined by the EMS transporting agency, not the deputy.

3. A deputy may also be requested to assist a DMHP in the field by taking a person into custody for evaluation and treatment based on:

a. A written order signed by the DMHP where the DMHP has determined an emergency detention is warranted indicating the presence of imminent risk;

b. A written notice signed by a DMHP and a Superior Court Judge authorizing law enforcement assist in taking the individual into custody. This order may be in the form of a non-emergent detention where no imminent risk is evident, but a Superior Court Judge has determined there is probable cause to detain and has authorized the DMHP to do so; or

c. DMHPs may ask for standby assistance from King County Sheriffs when investigating an individual for possible detention who is known to be violent or be in possession of weapons.

4. Recapture of an individual who has escaped from detention or commitment at a certified Evaluation and Treatment Facility or Community Hospital designated to treat that individual. When a person who is subject to a 14 or 90 day order escapes from a community hospital, ITA Court, or a certified E&T, a facility representative will call 911 to report the escape.

a. The facility representative will tell the 911 operators or Law Enforcement that the facility has a Superior Court order that contains an "Escape and Apprehend" clause which allows deputies to take the person into custody.

b. Deputies should arrange for the person to be transported via ambulance to the nearest hospital Emergency Department.

c. Deputies should call the DMHPs or after hours the Crisis Clinic, to inform the DMHPs the person has been apprehended and where they are located.

5. Referral for Treatment: For the person who does not exhibit behavior that meets commitment criteria and who is willing to enter voluntary treatment, a deputy can make a phone referral and/or arrange for a crisis outreach, by contacting:

a. The Mobile Crisis Team at (206) 245-3201 to request an outreach (see GOM 5.10.000 CRISIS SOLUTION CENTER)

b. The Crisis Diversion Facility at (206) 682-2371 to screen the individual for admission (see GOM 5.10.000 CRISIS SOLUTION CENTER)

c. The Crisis Clinic at (866) 427-4747.

d. The deputy will document this type of contact through a case report.

6. Treatment Refused/No Action: If a deputy contacts a person they believe has a behavioral health disorder or is experiencing a behavioral health crisis, but the person is not exhibiting behaviors that meet commitment criteria and has refused assistance, deputies are encouraged to contact the DMHP's or the Crisis Clinic:

a. To review the facts of the situation.

b. If needed for additional resources to assist the person.

c. To make a referral for mental health services.

#### **Criminal Contact**

1. Deputies contacting a person in behavioral crisis who has committed a misdemeanor crime generally have two possible dispositions:

a. Alternatives to arrest should be considered to ensure the best treatment options are used and to keep those with behavioral health disorders out of incarceration if feasible except for cases which require mandatory booking such as Domestic Violence, and Driving under the Influence and Physical Control when the person has a prior offense within ten (10) years.

- Refer to GOM 5.10.000 CRISIS SOLUTION CENTER.

- Contact the Crisis Clinic if needed for additional resources to assist the person.

b. Arrest and booking or arrest and release.

2. Persons having a behavioral crisis and who have committed a felony crime not eligible for diversion to the Crisis Diversion Facility (GOM 5.10.000 CRISIS SOLUTION CENTER) should be booked.

#### **JUVENILES IN BEHAVIORAL CRISIS: 12/13**

5.08.030

1. Juveniles up to and including the age of twelve (12) may be taken to the nearest hospital emergency department and request assistance.

2. Designated Mental Health Professionals may involuntarily commit juveniles who have reached the age of thirteen (13).

3. A deputy may request a mental health evaluation for any juvenile they have arrested, if it is the deputy's opinion the juvenile is a danger to themselves, a danger to others, is gravely disabled or otherwise in need of mental health treatment. If requesting an evaluation:

a. Deputies should call the Crisis Clinic at (866) 427-4747.

b. Deputies shall notify a parent or guardian of the juvenile receiving the mental health evaluation.

#### **REPORTING BEHAVIORAL CRISIS CONTACTS: 12/16**

5.08.035

1. When contact is made by a deputy with a person in behavioral crisis, an incident report will be completed for all mental health evaluations even if the person voluntarily accepts or requests the treatment themselves.

a. Title the Incident Report "Mental Health Contact" 371-E or "Suicide Attempt" 232-E.

b. List the person needing evaluation in the victim section of the incident report.

c. Complete a brief narrative and reference the form for complete details.

- d. List the form as a handwritten attachment if appropriate.
2. Deputies shall complete a Mental Health/Alcohol/Drug Contact Form (KCSO Form #C-212), outlining the factors leading to the mental health detention/evaluation request.
3. The deputy shall hand the second page of form to the ambulance driver prior to the ambulance departure and request that the ambulance driver provide the form to the emergency department staff upon arrival at the hospital.

**TRAINING:** 12/16

5.08.040

1. All commissioned deputies will receive initial training on dealing with persons in behavioral crisis during their basic law enforcement academy or initial employee training.
2. Lateral deputies will receive initial in-service training prior to their release from PTO.
3. All department personnel are required to participate in two (2) hour refresher training on this policy every year.

## **5.08.100 CONTACTING PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD)**

**INTRODUCTION:** 06/17

5.08.105

Sheriff's Office members may come into contact with people who have an intellectual and/or developmental disability (IDD) in the same way they come into contact with other members of the community. They may be pedestrians, victims, witnesses, suspects or offenders. They may be a runaway or lost. As a rule, people with IDD are not dangerous or violent. However, when people with IDD find themselves in situations that involve police, they may act differently than other members of the community. Fear and panic may lead people to exhibit behavior such as being defensive, non-responsive, crying or running away. The way in which a law enforcement member responds to a person with IDD may either escalate or allay the person's fear and panic.

**DEFINITIONS:** 06/17

5.08.105

For the purposes of this policy:

**"Intellectual and/or Developmental Disabilities (IDD)"** means a group of conditions caused by impairment(s) in intellectual, physical, language or behavioral areas. These conditions usually begin early in life, may impact day-to-day functioning, and tend to last through a person's lifetime.

**"Mental Illness"** means a state of impairment which results in a distortion of a person's capacity to recognize reality due to hallucinations, delusions, faulty perceptions or alterations of mood, and interferes with an individual's ability to reason, understand or exercise conscious control over his/her actions.

**UNDERSTANDING IDD AND HOW IT DIFFERS FROM MENTAL ILLNESS:** 06/17

5.08.110

IDD and mental illness are two different things. IDD may affect a person's intelligence, senses, speech, behavior and physical development; whereas mental illness will generally affect a person's personality and mood, or emotional well-being. The impairment experienced by people with IDD is usually constant and lasts a lifetime. There are many types of IDD, the most common include Autism Spectrum Disorder, Down Syndrome and Intellectual Disability. People with mental illness tend to have symptoms that may fluctuate in severity. Deputies may encounter individuals who have both IDD and mental illness.

The range of impairment experienced by people with IDD falls across a spectrum. An individual with a developmental delay may experience less impairment in day-to-day functioning than a person with an

intellectual or developmental disability that requires the assistance of a caregiver. The appearance and behaviors of most people with IDD do not differ from people without a disability. People with IDD may not choose to disclose to members that they have a disability.

While there is no single way to determine if a person has IDD, or the extent of their disability, members of law enforcement need to develop an understanding and awareness of IDD that supports effective interactions between members and people with IDD including:

1. People with IDD may have difficulty in communicating. Individuals may:
  - Be non-verbal.
  - Be non-responsive.
  - Have a limited vocabulary or have a vocabulary of their own.
  - Experience a loss of speech induced by stress.
  - Have difficulty understanding or answering questions.
  - Have a short attention span.
  - Experience sensitivity to touch, tone and volume of voice, or background noise.
  - Have limited English proficiency, or may not speak or understand English.
2. People with IDD may exhibit behaviors that do not seem appropriate for a situation, or may appear to:
  - Act or react inappropriately to others.
  - Be easily influenced and eager to please others.
  - Be extremely compliant.
  - Be easily frustrated.
  - Have difficulty with following tasks.
  - Have difficulty assessing situations or peoples actions.
  - Have difficulty dealing with new or unusual situations, such as an incident that involves a crime or contact with a deputy.
3. A person may become passive and afraid to speak, or become agitated because he/she cannot understand or respond to what a deputy is saying, due their disability and/or limited English proficiency.
4. A person may react defensively or become non-responsive when encountered by a deputy, due to fear and lack of understanding of the situation.
  - Confusion or defensiveness can be misinterpreted as signs of resistance or aggression.
  - Non-responsive behavior may be misinterpreted as defiance or inattentiveness.
5. Some people, particularly those with co-occurring mental illness or other medical conditions, may appear incoherent, physically unsteady, confused and disoriented, or frightened.
  - These characteristics can be misinterpreted as drug or alcohol use
6. It is not necessary for a deputy, dispatcher, or other member with direct citizen contact to diagnose an individual with a disability. What is needed from deputies is that if they know, or believe the person has IDD, they attempt to respond to each individual in a calm and appropriate manner.

## **COMMUNICATING WITH A PERSON WITH IDD: 06/17**

5.08.115

During an incident, the language and behaviors communicated by people with IDD and deputies may be misinterpreted and lead to challenges in communication. For example, a person who is lost may deny this, because he/she does not want to bring attention to his/her inability to find his/her way home. When questioned, a person with IDD may be extremely compliant and respond with the answers he/she thinks the deputy wants to hear, even when he/she does not understand the questions being asked. A person may volunteer information that turns out to be erroneous, because he/she enjoys the attention or wants to be seen as helpful.

When communicating with people with IDD deputies should show people the same respect they would show any other individual. People with IDD are people first and do not like to be described or labelled by their disability. Using inappropriate language such as calling a person with IDD "retarded" is offensive, perpetuates bias and stereotypes, and creates barriers to effective communication. The following are guidelines that support effective interactions:

1. When speaking to a person with IDD, members should:
  - a. Treat adults as adults.
  - b. Treat children as children.

- c. Ask the person if he/she understands and speaks English. If not, or if his/her proficiency seems limited, an interpreter service or language line should be used to ensure effective communication.
  - d. Arrange to question a person with IDD in a calm setting, free of distractions.
  - e. Speak directly to the person. Do not assume a person with IDD is incapable of communication with a member of law enforcement.
  - f. Use simple and concise language.
  - g. If possible, use the person's name often.
  - h. Use short declarative sentences.
  - i. Break complicated instructions or information into smaller parts and re-state a question if a person does not respond.
  - j. Be sensitive to direct eye contact, the person may find it uncomfortable.
  - k. Be sensitive to the tone and volume of voice used in communicating with the person.
  - l. Be sensitive to the use of body language, gestures, or touch, the person may find it uncomfortable.
2. Have the person repeat the information in his/her own words and ask questions about anything he/she does not understand.
  3. Check for comprehension by asking the person to tell you how he or she is going to act on the information you are providing (e.g., directions to a location).
  4. Members should be patient and take extra steps to communicate effectively to ensure understanding, ease fear, and show support and respect.

### **MISSING OR LOST PEOPLE WITH IDD: 06/17**

5.08.120

Deputies must respond rapidly to calls reporting that a person with IDD is lost or has run-away, because the individual may not be able to make the critical judgments necessary to keep him or herself from injury or other harm. (See GOM 12.02.000 MISSING PERSONS).

1. When taking reports from family, legal guardians, or other support people, the deputy may gain information about the missing or lost person's interests or hobbies. This information may be useful in establishing rapport with the person upon contact.
2. When the person is located, the deputy must approach him/ her in a calm and reassuring manner because, if called in a loud voice or approached in an aggressive manner, the person may not respond, or out of fear, may seek a place to hide.
3. When contact is made and the individual appears to be unable to travel independently, or is a juvenile, the deputy should notify family, legal guardians or other support people and transport the individual to them as appropriate.
4. If unable to elicit information about the person's residence, deputies should contact an appropriate social services agency to assist members in obtaining information to locate the person's residence and their family, legal guardian or support people.

### **ARRESTING AND/OR INTERVIEWING A PERSON WITH IDD: 06/17**

5.08.125

A deputy who arrests and/or interviews a person with IDD, or observes that the person may have IDD, should take the following measures:

1. To avoid harm to a person with IDD, a deputy who arrests and/or takes custody of a person with, or thought to have IDD should be aware that the person may:
  - a. Have a physical disability or medical condition that requires medication or medical care, including the use of personal medical equipment connected to their body or held in their possession.
  - b. Be sensitive to, or traumatized by touch, such as having their body searched.
  - c. Have medical conditions or physical disabilities that may put them at risk of injury or death from the use of force or restraint.
2. A deputy who takes a person with IDD into custody as a suspect, or places the person under arrest, needs to immediately make every effort to notify family, legal guardians, or other appropriate support people. They may voluntarily share important information about the person's IDD, history of interaction with law enforcement, behavior and reaction under stress, English proficiency, medical concerns, the

person's level of awareness about their Constitutional rights, the person's ability to advocate for themselves, and any relevant planning documents about the person.

3. While in custody or under arrest, a person with IDD may be calmed and put at ease by the presence and guidance of their family, legal guardians, or other appropriate support people resulting in more effective communication with deputies.

4. The American Disabilities Act does not require law enforcement officers to provide an attorney for a suspect with IDD; however it is strongly recommended that deputies have an attorney present prior to questioning as a safeguard in protecting the person's Constitutional rights.

5. Deputies should be aware that a person with IDD may:

- a. Not fully understand the concepts of law and illegal activity, or realizes that an act is or was criminal in nature.
- b. Not fully understand his or her involvement in a criminal activity or the consequences of his or her involvement.
- c. Be vulnerable to manipulation by another person because of their IDD and/or;
- d. Be particularly vulnerable in an atmosphere of stress, threats and coercion, or in one of false friendliness designed to induce confidence and cooperation and/or;
- e. Be extremely compliant.

6. People with IDD may have difficulty understanding law enforcement procedures and consequences. In particular:

- a. They are less likely than the average person to be aware of their Constitutional rights.

7. Deputies should read and explain the *Miranda* warnings slowly and carefully to people with IDD, and:

- a. If a person appears not to understand *Miranda* warnings, deputies should be cautious and make every effort to be sure the warnings are understood.
- b. If deputies are not sure that a suspect understands his or her rights, then they should ask the suspect to explain each phrase of the warnings in his or her own words.
- c. Deputies can also check for understanding by asking the individual questions such as what a lawyer is or how a lawyer might help him or her.

## **COMMUNITY RESOURCES AND ALTERNATIVES TO ARREST: 06/17**

5.08.130

1. Alternatives to arrest: At times, it may be necessary or desirable to seek alternatives to traditional arrest for people with IDD including:

- a. Deputies using discretion when a situation involves a person who they believe should not be detained or charged, based on evidence suggesting the likelihood that the person with an IDD has a limited understanding of the concepts of law and illegal activity.
  - This may include activity or behaviors characteristic of a person's disability that may be viewed as negative or suspicious by other members of the community but are not harmful or that do not represent a threat to public safety.
- b. Releasing the person to their family, legal guardian(s), or other support people after obtaining information necessary to complete appropriate reports.
- c. Having the person transported to an emergency room if there are medical symptoms that need to be assessed.

2. Community resources for first responders only: The following resources are made available to first responders only through the Crisis Solution Center (see GOM 5.10.000):

a. The Mobile Crisis Team is a mobile team of mental health and chemical dependency professionals that accept real-time referrals 24/7 from first responders for individuals who are experiencing a behavioral health and/or a chemical dependency crisis, including individuals with IDD. The team will respond to call from deputies who encounter an individual in crisis.

- Mobile Crisis Team (206) 245-3201

b. Contacting the Crisis Diversion Facility for individuals who are experiencing a behavioral health or chemical dependency crisis and otherwise are not able to return home. The individual may be appropriate for intake at the Crisis Solution Center, where social workers can provide the person assistance and stabilization 24/7.

- Crisis Diversion Facility (206) 682-2371
3. Other Community Resources: The following resources are available to first responders and the public:
- a. Referring people with IDD who are impacted by discrimination related to race, culture, income and language to appropriate social supports, including culturally and linguistically appropriate services that may prevent future contact with deputies. Call 211, Monday – Friday, 8am – 6pm for County-wide information and referral resources for people with IDD available in multiple languages.
  - b. Information and referral for a person with IDD, experiencing a behavioral health crisis is available to the person, their family, legal guardian(s), or support people 24/7 by contacting the Crisis Clinic at 866-4CRISIS (866-427-4747).
  - c. Assisting law enforcement with possible future contacts by sharing information about the SMART911 system with the person with IDD, family, legal guardians or support people so that first responders have more context prior to a future response that involves the person. The public can access information on Smart911 at Smart911.com. Smart 911 is currently operating in Seattle and unincorporated areas of King County. It will be operating in other parts of King County in the future.