



**MARIN  
HEALTH &  
HUMAN  
SERVICES**

*Health, Well-being & Safety*



This document represents a collaboration between:

Buckelew Programs

415-457-6964

[www.buckelew.org](http://www.buckelew.org)



## MENTAL HEALTH CRISIS CALL MARIN COUNTY

NAMI Marin

415-444-0480

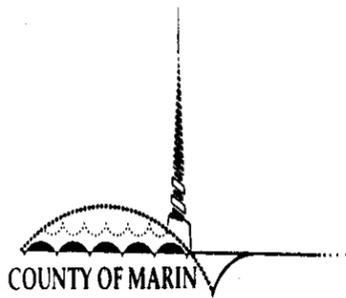
[www.namimarin.org](http://www.namimarin.org)



County of Marin

415-473-6835

[www.marincounty.org](http://www.marincounty.org)



## GUIDELINES FOR EFFECTIVE COMMUNICATION WITH 911 DISPATCH

**One of the hardest things a family may have to do is call the police when their loved one is behaving in an unsafe manner. These guidelines may help you in this moment of crisis.**

If you have a loved one with a serious mental health condition, there may be times when their behavior creates a danger to themselves or others. For the safety of both your loved one and your family, police intervention may be required. You may expect that your loved one will feel scared or even betrayed by your decision, even though you are ultimately acting for their best good. Sometimes the risk of NOT calling the police is more harmful than the risk of calling. Police officers, Emergency Medical Technicians, and County Mental Health workers understand this bigger picture and are there to support you in making the hard choice.

### ROLE OF LAW ENFORCEMENT

The primary function of the Peace Officer is to serve and protect the community at large. When called upon to intervene with your family, they will make an assessment of the level of danger present and use the minimum amount of force necessary to contain that threat and restore safety. The more information they have prior to engaging your family member, the better equipped they will be to negotiate a favorable outcome.

### CRISIS INTERVENTION TEAM (CIT) OFFICERS

To protect the public and the affected individuals, Marin County Law Enforcement has established a highly trained group of officers skilled in encounters with the mentally ill, persons suffering age and dementia issues, and critical incidents involving people in crisis. Always ask for a CIT Officer to be dispatched.

### STAY CALM – BE PREPARED

If you speak to the Dispatcher in a stressed or frantic way, the police will come into the situation escalated, anticipating the need for a possible rescue. This may result in a more forceful intervention. A better approach from police is for the caller to speak calmly and clearly to the Dispatcher and communicate relevant background and situation information. These guidelines will help you with a script so you will know exactly what to do and say even if you are in a stressful situation with your family member.

### CALL 911 AWAY FROM THE FAMILY MEMBER

Your safety is as important as your family member's. If he/she might become agitated or feel threatened by overhearing your call, excuse yourself from the room to a place of safety. Ask the police to come without lights or sirens. They will then determine if this is possible. Use a landline rather than a cell phone if possible. **KEEP YOURSELF SAFE.**

### ASK THEM TO EVALUATE FOR A 5150

Section 5150 of California's Welfare and Institutions Code allows a qualified officer or clinician to involuntarily confine a person deemed to have a mental disorder that makes them a danger to his/her self, and/or others and/or gravely disabled. Give the police all the information needed to evaluate for a 5150. Describe the specific behaviors that are causing you concern.

### IDENTIFY YOURSELF; YOUR RELATIONSHIP TO THE SITUATION

Tell the Dispatcher your name and that you are asking for a 5150 evaluation. Tell them who you are in relationship to the situation. Are you the primary caregiver for your loved one or do they live independently? How frequent is your contact with your loved one? Is this the first crisis intervention or have there been others? Are there case managers and/or doctors involved?

### EXPLAIN WHY THE PERSON IS IN DANGER

The family member is displaying mental health symptoms and the person's behavior is not typical. Give examples to dispatch: suicidal, aggressive, off of medication, not eating and/or not bathing for several days, threatening, etc.

### KNOW YOUR RIGHTS

If the individual is putting you or himself or herself in danger, the police need to step in and help. You have the right to ask for help.

### STAY ON THE LINE

While on the phone with the dispatcher, EMERGENCY help is being dispatched. Staying on the line, if asked to do so, will NOT delay help from responding. **DO NOT** hang up until you are told to do so by the Dispatcher.

### OFFICERS

Make the officers your partners – stick to the facts of what you have SEEN and HEARD. Let them know what has worked in the past, and what didn't work. Tell the officers WHAT is happening now and WHY a 5150 is probably needed. To help with follow up at a later time, get the names of the officers and their badge numbers.

**UNFOLD TO VIEW 911 SCRIPTS & EMERGENCY NUMBERS**

# 911 Emergency Scripts

Helpful guidelines when making calls to 911

**Please note: It is best if you call 911 from a land line whenever possible. If you must call from a cell phone, use your local emergency police number.**

## ***Suicide/Overdose Attempt***

1. My name is (NAME).
2. I am calling from (LOCATION ADDRESS).
3. I am calling to request a CIT Officer (Crisis Intervention Team) and a 5150 evaluation.
4. My family member's/loved one's (NAME, AGE, PHONE NUMBER AND ADDRESS).
5. He/She has a mental health condition. He/She is diagnosed with (DIAGNOSIS).
6. He/She has attempted suicide:
  - a. **IF PILLS:** He/She took (KIND OF PILL) in the amount of (QUANTITY AND DOSAGE OF PILLS) and they were taken at (TIME/DATE).
  - b. **IF WEAPON:** He/She has (TYPE OF WEAPON) and it is (LOCATION OF WEAPON).
7. The last contact I had with (HIM/HER) was at (TIME/DATE), by (PHONE OR IN PERSON) and contact was made by (YOU or FAMILY MEMBER/LOVED ONE).
8. He/She lives with (NAME OF PERSON(S) OR ALONE).
9. He/She has a previous history of suicide attempts and in the past has used (METHOD USED).
10. He/She has (LIST OF OTHER PHYSICAL OR HEALTH ISSUES).
11. DISPATCHER WILL WANT TO KEEP YOU ON THE LINE IN CASE THE RESPONDING OFFICERS/DEPUTIES HAVE FURTHER QUESTIONS.

## ***Weapon: Threat to Self***

1. My name is (NAME).
2. I am calling from (LOCATION ADDRESS).
3. I am calling to request a CIT Officer (Crisis Intervention Team) and a 5150 evaluation.
4. My (FAMILY MEMBER/LOVED ONE) has a mental health condition. He/She is diagnosed with (DIAGNOSIS).
5. He/She is threatening (SUICIDE/CUT/OD/DESCRIBE SPECIFIC ACT) him/herself and has (DESCRIBE WEAPON/PILLS).
6. He/She is NOT threatening anyone else.
7. He/She has been on/off medications for (PERIOD OF TIME).
8. He/She may be on (DRUGS/ALCOHOL), and has a history of using (SPECIFIC DRUG/ALCOHOL).
9. FOLLOW DISPATCH INSTRUCTIONS.

## ***Weapon: Threat to Other***

1. My name is (NAME).
2. I am calling from (LOCATION ADDRESS).
3. I am calling to request a CIT Officer (Crisis Intervention Team) and a 5150 evaluation.
4. My (FAMILY MEMBER/LOVED ONE) has a mental health condition. He/She is diagnosed with (DIAGNOSIS).
5. He/She has a (WEAPON TYPE) and is threatening others by (SPECIFIC BEHAVIOR, INCLUDING DAMAGE TO PROPERTY, THROWING CHAIRS, ETC.).
6. He/She has been on/off medications for (PERIOD OF TIME).
7. He/She may be on (DRUGS/ALCOHOL), and has a history of using (SPECIFIC DRUG/ALCOHOL).
8. He/She has a history of violence: (BRIEFLY EXPLAIN).
9. FOLLOW DISPATCH INSTRUCTIONS.

## ***No Weapon: Threat of Violence***

1. My name is (NAME).
2. I am calling from (LOCATION ADDRESS).
3. I am calling to request a CIT Officer (Crisis Intervention Team) and a 5150 evaluation.
4. My (FAMILY MEMBER/LOVED ONE) has a mental health condition. He/She is diagnosed with (DIAGNOSIS).
5. He/She does NOT have a weapon and is threatening others by (DESCRIBE WHAT YOU SEE AND HEAR THAT IS A THREAT; HEARS VOICE TELLING HIM/HER TO KILL ALL EVIL PEOPLE).
6. He/She has been on/off medications for (PERIOD OF TIME).
7. He/She may be on (DRUGS/ALCOHOL), and has a history of using (SPECIFIC DRUG/ALCOHOL).
8. He/She has a history of violence: (BRIEFLY EXPLAIN).
9. FOLLOW DISPATCH INSTRUCTIONS.

## ***No Weapon: Gravely Disabled***

1. My name is (NAME).
2. I am calling from (LOCATION ADDRESS).
3. I am calling to request a CIT Officer (Crisis Intervention Team) and a 5150 evaluation.
4. My family member's/loved one's (NAME, AGE, PHONE NUMBER AND ADDRESS).
5. He/She does NOT have a weapon and is NOT threatening to harm anyone, but symptoms of his/her mental disorder have reached the point of Grave Disability because (SPECIFIC BEHAVIOR DUE TO MENTAL DISORDER):
  - a. Inability to provide food. For example - he/she won't eat because he/she thinks the food is poisoned by the CIA.
  - b. Inability to provide clothing. For example - he/she refuses to change clothes or bathe for over two months. The smell is overpowering. This is a health hazard.
  - c. Inability to provide shelter. For example - the symptoms have become so severe that I can no longer manage him/her in my house. He/she cannot live here until better and back on medication.**NOTE: This is difficult to say but often the strongest, best case for Grave Disability.**
6. He/She has been on/off medications for (PERIOD OF TIME).
7. He/She may be on (drugs/alcohol), and has a history of using. (SPECIFIC DRUG/ALCOHOL).
8. FOLLOW DISPATCH INSTRUCTIONS.

## **Help in a Crisis**

Fill in your local police department telephone number here:

**My local Police Department:** \_\_\_\_\_

### **24 Hour Crisis Lines (415 Area Code)**

- Psychiatric Emergency Services (PES), 473-6666.
- Grief Counseling, 499-1195.
- Suicide Prevention & Community Counseling, 499-1100.
- Poison Control, 800-222-1222.
- Marin General Hospital Emergency Room, 925-7200.
- Novato Community Hospital Emergency Room, 209-1350.
- Kaiser Medical Center Emergency Room, 444-2400.
- Center for Domestic Peace, 924-6616 (English); 924-3456 (Spanish), 924-1070 (Men). Former home of Marin Abused Women's Services.

### **Urgent Care (415 Area Code)**

- C.A.R.E. Team, 847-1266. Mobile outreach program for mentally ill people who are homeless or at risk of being homeless.
- Child & Family Services, 473-7153 (formerly CPS).
- Family Partner Adult System of Care, 473-4382.
- Family Partner Children's System of Care, 473-7814.
- NAMI Marin Helpline, 444-0480, 1-3pm Monday-Friday.
- Warm Line, 459-6330. Phone support by peers. Operated by peers through the Enterprise Resource Center.