



CLOSED CASE SUMMARY

ISSUED DATE: NOVEMBER 21, 2022

FROM: DIRECTOR GINO BETTS
OFFICE OF POLICE ACCOUNTABILITY

CASE NUMBER: 2022OPA-0164

Allegations of Misconduct & Director's Findings

Named Employee #1

Allegation(s):		Director's Findings
# 1	16.110 - Crisis Intervention 16.110 – Crisis Intervention 16.110–PRO–1 Referring a Subject for an Involuntary Behavioral Health Evaluation	Not Sustained - Lawful and Proper (Expedited)

Named Employee #2

Allegation(s):		Director's Findings
# 1	16.110 - Crisis Intervention 16.110 – Crisis Intervention 16.110–PRO–1 Referring a Subject for an Involuntary Behavioral Health Evaluation	Not Sustained - Lawful and Proper (Expedited)

This Closed Case Summary (CCS) represents the opinion of the OPA Director regarding the misconduct alleged and therefore sections are written in the first person.

EXECUTIVE SUMMARY:

The Complainant alleged Named Employees #1 and #2 (NE#1 and NE#2, respectively) wrongfully referred her for an involuntary behavioral health evaluation.

ADMINISTRATIVE NOTE:

This case was designated an Expedited Investigation. That means OPA, with the Office of Inspector General's (OIG) review and approval, believed it could reach and issue recommended findings based on its intake investigation, without interviewing the involved employees.

SUMMARY OF INVESTIGATION:

On May 26, 2022, NE#1 and NE#2 were dispatched to a crisis call involving a female cutting herself with a box cutter.

The Complainant alleged she was labeled for an Involuntary Treatment Act (ITA) evaluation, which led to her admission at Harborview Medical Center (HMC). The Complainant was reportedly restrained for several hours alone in a room without explanation. The Complainant further alleged NE#1 and NE#2's errored report caused her trauma and unaffordable medical bills.



During its investigation, OPA reviewed the original web complaint, CAD records, the Incident Report, a Behavioral Crisis Report, BWV, and the Complainant's OPA interview. BWV captured NE#1 and NE#2's response to the crisis call and interactions with the Complainant.

CAD records show the Complainant called 911 two days earlier for a similar situation. BWV showed, upon arrival, NE#1 and NE#2 spoke with the Complainant. The Complainant stated, although she did not wish to kill herself, she would continue cutting her wrists if left unattended. The Complainant further indicated her recent wounds were the deepest cuts she ever created. The Complainant stated she cut herself over financial concerns. Specifically, she was "gonna run out of money" and "would rather die than be homeless." The officers screened whether the Complainant qualified for an ITA admission. A Witness Supervisor approved the Complainant's admission. Thereafter, the Complainant was transported to HMC.

ANALYSIS AND CONCLUSIONS:

Named Employee #1 - Allegation #1

16.110 - Crisis Intervention 16.110 – Crisis Intervention 16.110–PRO–1 Referring a Subject for an Involuntary Behavioral Health Evaluation

The Complainant alleged NE#1 wrongfully referred her for an involuntary behavioral health evaluation.

An SPD officer "[d]etermines (with or without the assistance of a DCR) that the subject meets the involuntary behavioral health evaluation criteria, per RCW 71.05.153(2)." SPD Policy 16.110. Under that statute, "a designated crisis responder receives information alleging that a person, as the result of a behavioral health disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated crisis responder may take such person, or cause by oral or written order such person to be taken into emergency custody in an evaluation and treatment facility [...]." *Id.* at (1).

The statute further states peace officers, "may take or cause such person to be taken into custody and immediately delivered to a triage facility, crisis stabilization unit, evaluation and treatment facility, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or the emergency department of a local hospital under the following circumstances: (i) Pursuant to subsection (1) of this section; or (ii) When he or she has reasonable cause to believe that such person is suffering from a behavioral health disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled." *Id.* at (2).

Here, the Complainant called 911 two days prior for the same issue. On BWV, the Complainant told NE#1 and NE#2, she anticipated she would continue to cut her wrists if left unattended. The Complainant also told officers her fresh wounds were the deepest cuts she ever created. Under those circumstances, the Complainant appeared to meet the standard outlined in RCW 71.05.153(1). Specifically, someone experiencing a behavioral health crisis who presents an imminent likelihood of serious harm. During her OPA interview, the Complainant expressed she understood the officers' basis for the classification and found their decision-making was reasonable.

Accordingly, OPA recommends this allegation be Not Sustained – Lawful and Proper.

Recommended Finding: **Not Sustained - Lawful and Proper (Expedited)**



Named Employee #2 - Allegation #1

16.110 - Crisis Intervention 16.110 – Crisis Intervention 16.110–PRO–1 Referring a Subject for an Involuntary Behavioral Health Evaluation

For the reasons set forth above at Named Employee #1 – Allegation #1, OPA recommends this allegation be Not Sustained – Lawful and Proper.

Recommended Finding: **Not Sustained - Lawful and Proper (Expedited)**