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. The police officers, EMT’s 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.

STAY CALM
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. If you desire a softer approach from law enforcement, then speak calmly and clearly to the Dispatcher, communicating relevant background and situation information.

CALL 911 AWAY FROM THE FAMILY MEMBER
You do not want to agitate them or make them feel threatened. If possible, excuse yourself from the room to make the call. Ask the police to come without lights or sirens. They will then determine if this is possible.

ASK THEM TO EVALUATE FOR A 5150
Section 5150 is a section of California’s Welfare and Institutions Code which allows a qualified officer or clinician to involuntarily confine a person deemed to have a mental disorder that makes them a danger to his or 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 AND YOUR RELATIONSHIP TO THE SITUATION
Are you the primary care-giver 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/doctors involved?

EXPLAIN WHY THE PERSON IS IN DANGER
The family member is decompensating and the behavior is not typical for them. Decompensation means the inability to maintain defense mechanisms in response to stress, resulting in personality disturbance or psychological imbalance. Give examples to dispatch: not eating, not bathing, suicidal, aggressive, etc.

KNOW YOUR RIGHTS
If the individual is putting you or themselves in danger, police need to step in and help. You have the right to ask for help.

OFFICERS
Ask for their badge number, names of officers and their supervisors. Give feedback to the officers about what worked for your family and what did not.

KEEP YOURSELF SAFE
You will be the one speaking to police when they arrive. Your safety is as important as your loved one’s.

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.

911 Scripts and Emergency Numbers are inside
911 Emergency Scripts

Helpful guidelines when making calls to 911

Please note: It is best if you call 911 from home whenever possible. If you are on cell phone then you can call any of the call the numbers on the Sonoma County Emergency list. The best two numbers to call on list are 528-5222 and 565-2121.

Suicide/Overdose Attempt:
1. My name is (NAME).
2. I'm calling from (LOCATION ADDRESS).
3. My family member's/loved one's (NAME, AGE, PHONE NUMBER AND ADDRESS).
4. He/She has a mental health condition. He/She is diagnosed with [DIAGNOSIS].
5. 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).
6. The last contact I had with He/She was at (TIME/DATE), by (PHONE OR IN PERSON) and contact was made by (YOU or FAMILY MEMBER/LOVED ONE).
7. He/She lives with (NAME OF PERSON(S) OR ALONE).
8. He/She has a previous history of suicide and attempts and in the past they (METHOD USED).
9. He/She has (LIST OTHER PHYSICAL OR HEALTH ISSUES).
   ➢ DISPATCHER WILL WANT TO KEEP THE CALLER ON THE LINE IN CASE RESPONDING OFFICERS / DEPUTIES HAVE ANY FURTHER QUESTIONS

Weapon: Threat to Self
1. My name is (NAME).
2. I'm calling from (LOCATION ADDRESS).
3. My (FAMILY MEMBER/LOVED ONE) has a mental health condition. He/She is diagnosed with (DIAGNOSIS).
4. He/She is threatening to harm him/herself and has a (WEAPON).
5. He/She is not threatening anyone else.
6. He/She has been on/off the medications for (NUMBER) months.
7. He/She may be on (DRUG/ALCOHOL), and has a history of using (SPECIFIC DRUG/ALCOHOL).
   ➢ Follow Dispatch instructions.

Weapon: Threat to Other
1. My name is (NAME).
2. I'm calling from (LOCATION ADDRESS).
3. My (FAMILY MEMBER/LOVED ONE) has a mental health condition. He/She is diagnosed with (DIAGNOSIS).
4. He/She has a (WEAPON) and is threatening others by (SPECIFIC BEHAVIOR).
5. He/She has been on/off the medications for (NUMBER) months.
6. He/She has a history of violence: (BRIEFLY EXPLAIN).
7. He/She may be on (DRUG/ALCOHOL), and has a history of using (SPECIFIC DRUG/ALCOHOL).
   ➢ Follow Dispatch instructions.

No Weapon: Threat of Violence
1. My name is (NAME).
2. I'm calling from (LOCATION ADDRESS).
3. My (FAMILY MEMBER/LOVED ONE) has a mental health condition. He/She is diagnosed with (DIAGNOSIS).
4. He/She does not have a weapon and is threatening others by (SPECIFIC BEHAVIOR).
5. He/She has been on/off the medications for (NUMBER) months.
6. He/She may be on (DRUG/ALCOHOL), and has a history of using (SPECIFIC DRUG/ALCOHOL).
7. He/She has a history of violence: (BRIEFLY EXPLAIN).
   ➢ Follow Dispatch instructions.

No Weapon: Decompensating
1. My name is (NAME).
2. I'm calling from (LOCATION ADDRESS).
3. My (FAMILY MEMBER/LOVED ONE) has a mental health condition. He/She is diagnosed with (DIAGNOSIS).
4. He/She does not have a weapon and is NOT threatening others, but there is something definitely wrong because of (SPECIFIC BEHAVIOR).
5. He/She has been on/off the medications for (NUMBER) months.
6. He/She may be on (DRUG/ALCOHOL), and has a history of using (SPECIFIC DRUG/ALCOHOL).
   ➢ Follow Dispatch instructions.

Sonoma County 24 Hour Emergency Numbers

<table>
<thead>
<tr>
<th>Area</th>
<th>Police</th>
<th>Fire</th>
<th>Ambulance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Rosa</td>
<td>528-5222</td>
<td>528-5151</td>
<td>528-5151</td>
</tr>
<tr>
<td>County Sheriff</td>
<td>565-2121</td>
<td>576-1385</td>
<td>576-1385</td>
</tr>
</tbody>
</table>

Sonoma County Additional Emergency Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Phone Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Emergency Services</td>
<td>576-8181</td>
<td>1-800-746-8181</td>
</tr>
<tr>
<td>Adult Protective Services</td>
<td>565-5940</td>
<td>1-800-667-0404</td>
</tr>
<tr>
<td>Child Protective Services Hotline</td>
<td>565-4304</td>
<td>1-800-870-7064</td>
</tr>
<tr>
<td>Poison Control</td>
<td>565-7100</td>
<td>1-800-222-1222</td>
</tr>
<tr>
<td>Animal Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sutter ER</td>
<td>576-4040</td>
<td></td>
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<tr>
<td>Santa Rosa ER</td>
<td>525-5207</td>
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<tr>
<td>Memorial ER</td>
<td></td>
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</tr>
<tr>
<td>Petaluma Valley ER</td>
<td>778-2666</td>
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</tbody>
</table>

Please note: It is best to call 911 from home whenever possible. If you are on cell phone Please call 528-5222 (Santa Rosa) or 565-2121 (Sonoma County).