



Minneapolis Police Department Policy and Procedure Manual

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Tactical Response

7-809 Crisis Intervention

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I. Purpose

Sanctity of life, officer safety and the protection of the public shall be the principles of the Minneapolis Police Department's (MPD) crisis intervention response policies and procedures.

The purpose of this policy is to provide all sworn MPD employees with clear and consistent policies and procedures regarding interaction with people who are suffering from a crisis by:

- Improving the safety of people in crisis, officers, and the Minneapolis community,
- Promoting community solutions to assist people in crisis, and
- Diverting those people away from the criminal justice system.

II. Definitions

Behavioral Crisis Response (BCR) team: The City of Minneapolis has established Behavioral Crisis Response (BCR) teams to respond to incidents of non-violent mental health crises. All crisis responders are mental health practitioners or professionals as defined by MN Statute section 245.426, Subd. 17 and 18.

Crisis: An event or situation where a person's safety and health are threatened by behavioral health challenges, to include mental illness, developmental disabilities, substance use, or overwhelming stressors. A crisis can involve a person's perception or experience of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms and may include unusual stress in their life that renders the person unable to function as they normally would. The crisis may, but not necessarily, result in an upward trajectory or intensity culminating in thoughts or acts that are possibly dangerous to the person or others.

Crisis Intervention: An attempt by an MPD officer to de-escalate a person in crisis or refer or divert the person to other services when appropriate.

Crisis Intervention Coordinator: An officer of the MPD who is responsible for the Crisis Intervention Program. The Crisis Intervention Coordinator is the point of contact between mental health and crisis intervention issues involving the MPD and the community, including crisis intervention training, reporting and policies. The Crisis Intervention Coordinator will maintain continuous working relationships with all community partners, with specific emphasis on mental health and advocacy partnerships.

Crisis Intervention Data Collection Form: A data collection form that gathers required crisis intervention information for the MPD to track and assess gaps in crisis intervention responses and training.

Crisis Intervention Program: A partnership program between police, mental health agencies, advocates, and the community that seeks to achieve the common goals of safety, understanding, and service to people in crisis, those suffering from mental health issues and their families. The goals of the Crisis Intervention Program are to:

- Improve the safety and security of people in crisis and their family, community members, and officers.
- Improve the quality of life for people suffering from mental illness or crisis.
- Change how society and systems view people suffering from mental illness or crisis.
- Change how healthcare and criminal justice systems respond to people suffering from mental illness or crisis.

Crisis Intervention Trained Officer: A licensed peace officer of the MPD who has completed the MPD’s approved crisis intervention training. Crisis Intervention Trained Officers work in cooperation with community partners, mental health facilities and organizations.

Developmental Disability: A physical, cognitive, or emotional impairment often caused by a neurodevelopmental disorder such as cerebral palsy or autism spectrum disorder that results in a person’s limited functions in areas such as self-care, language, learning, mobility, self-direction, comprehension, or capacity for independent living and economic self-sufficiency.

Disengagement: Disengagement is a strategic decision to leave, delay contact, or delay custody of a person in crisis when there is not an immediate need to detain them.

Mental Illness: MN Statute Section 245.462, Subd. 20 defines mental illness as “an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is detailed in a diagnostic codes list published by the commissioner, and that seriously limits a person's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.” Mental illness conditions may be characterized by impairment of a person’s normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors.

Person in Crisis (PIC): The nature code for a person experiencing a crisis event or situation (as defined in this policy).

III. Policy

- A. The MPD shall handle encounters with people in crisis in a manner that reflects the values of protection, safety and sanctity of life, while promoting the dignity of all people. People in crisis may require heightened sensitivity and additional special consideration.

- B. Whenever feasible and appropriate, officers shall use de-escalation techniques and other alternatives to higher levels of force, consistent with their training (in accordance with P&P 5-301).
- C. The MPD shall handle incidents involving mentally ill, chemically dependent or developmentally disabled people and those in crisis, with care and expertise, ensuring that such people receive appropriate responses based on their needs.

IV. Procedures/Regulations

A. Crisis Intervention Response

1. Responding to calls involving a person in crisis
 - a. Whenever possible, a Crisis Intervention Trained Officer will be dispatched to incidents involving a person in crisis who is believed to be in danger of harming self or others, and is:
 - Believed to have a mental illness or developmental disability, or
 - Believed to be chemically dependent or intoxicated in public.
 - b. If officers who are dispatched or responding to a call involving a Person in Crisis (PIC) have not received Crisis Intervention training, the officers shall notify dispatch of the need for a Crisis Intervention Trained Officer to respond.

2. Inform person of steps being taken

When practical, officers should inform the person and their family (if on-scene) of the steps being taken while assisting the person to a treatment facility, making referrals, or making an arrest, including providing information such as contact numbers and the reasons for the actions being taken.

3. Juveniles in crisis

- a. Officers responding to call involving a person in crisis who find that a juvenile is in need of psychiatric care (whether or not under arrest) may contact the Hennepin County's 24/7 Mobile Mental Health Child Crisis Services (612-348-2233) for assistance.
- b. In accordance with MN Statute section 260E.06, officers shall report the incident to Child Protection Services Intake at 612-348-3552.

B. Emergency Admission Procedures and Transport Holds

1. Transport holds

In accordance with MN Statute section 253B.051, subd. 1, if a peace officer or health officer has reason to believe, either through direct observation of the person's behavior or

upon reliable information of the person's recent behavior and, if available, knowledge or reliable information concerning the person's past behavior or treatment that the person is believed to be in danger of harming self or others, and is:

- Believed to have a mental illness or developmental disability, or
 - Believed to be chemically dependent or intoxicated in public.
- a. Both of the following elements are required to take an individual into custody under a transport hold:
- Has a mental illness or developmental disability, or is chemically dependent or intoxicated in public.
and
 - Is in danger of harming self or others if not immediately detained.
- i. The police officer's statement shall specify the facts to substantiate why the officer has reason to believe both elements are applicable.
- b. The peace or health officer does not need to directly observe the behavior or other facts upon which the transportation hold is based and may consider information from other reliable and reasonably trustworthy sources.
- i. The sources can be based on the statements of the person, witnesses, family members, or on the physical scene itself.
 - ii. Anonymous tips must be corroborated through direct observation or identifiable, reliable sources.
- c. If the person in crisis is only posing a danger of harming self and not others, and is resistant to the transport hold, officers should consider whether continued contact with the person in crisis may result in an unreasonable risk to the person, the public or officers.
- i. Officers may choose to strategically de-escalate or disengage to avoid resorting to physical force when the danger to the person in crisis by self-harming is no longer imminent and the person has not committed a serious or violent crime.
 - ii. Officers should only consider using this technique when it is safe and prudent to do so.
- d. The police officer shall complete the Application by Peace Officer for Emergency Evaluation Form (MP-9094), also known as the MPD "transport hold" form, when taking a person into custody under MN Statute section 253B.051 subd. 1 and transporting the person to a health care facility for evaluation.
- i. The form can be found on City Talk under Forms.

- ii. The form can be completed online but must be printed for distribution.
- iii. The police officer completing the form shall provide a copy of the completed form to:
 - the health care facility,
 - the person taken into custody and
 - to the transporting agency, if the person is not transported by the police officer.
- e. The transport hold allows the person to be transported to a hospital and held until they are evaluated. After the evaluation, the hospital may release the person or place them under a 72-hour hold.
 - i. When a police officer responds to a health officer's call to assist in transporting a person, the health officer should identify themselves to the police officers as qualified under the statute to write a transport hold.
 - ii. If the transport hold order is written by a health officer (on or off-site) and presented to a police officer, the police officer may assist in executing the transport hold.
 - iii. Officers also have the authority to sign a transport hold, based on the factors set out above.

2. Health officer defined

In accordance with MN Statute section 253B.02, Subd. 9, a health officer is defined as one of the following:

- a licensed physician;
- a mental health professional (as defined in MN Statute section 245.462, Subd. 18);
- a licensed social worker;
- a registered nurse working in an emergency room of a hospital;
- an advanced practice registered nurse (APRN);
- a mobile crisis intervention mental health professional; or
- a formally designated member of a prepetition screening unit.

3. Transportation for Emergency Admission

- a. Any necessary transportation for emergency admission shall be to a health care facility (e.g. HCMC, Fairview Riverside, NMMC or Abbott).
- b. All searches of a person taken into custody and transported shall be in accordance with the Search and Seizure policy (P&P 9-201).

- c. Officers are advised to request an ambulance to transport a combative person to the hospital.
 - i. An officer shall ride in the ambulance during the transport of the combative person.
- d. If the person to be transported is a juvenile, officers shall make a reasonable attempt to notify the parent or guardian as soon as practical.
- e. In the event a dispute arises regarding the MPD's Transporting for Emergency Admission section, a Supervisor will be called to the scene.
- f. MN Statute section 253B.051 Subd. 1(e) states that "as far as practicable, a peace officer who provides transportation for a person placed in a treatment facility, state-operated treatment program, or community-based treatment program under this subdivision must not be in uniform and must not use a vehicle visibly marked as a law enforcement vehicle." If a transport is required and unmarked and non-uniformed resources are available, officers should use those to make the transport.

C. People in Crisis Who Require Medical Attention or Transport

1. Officers shall call EMS and render first aid in accordance with P&P 7-350 Emergency Medical Response.
2. If a person in crisis requires a transport but is unable to walk due to a medical or physical condition or other circumstances, officers shall call EMS to transport the person to the medical facility.

D. Handcuffing People in Crisis

1. Officers shall use extreme caution when taking a person in crisis into custody and shall use handcuffs when the person is not restrained by other means (in accordance with P&P 9-109)
2. When safe and feasible, use of handcuffs shall be explained to the person being handcuffed and to the parent or family member (if present) in a tactful manner, using age-appropriate language for minors.
3. Once the person in crisis is calm, under control and handcuffed, officers shall keep the person under constant observation while in custody, and shall continue with de-escalation techniques as necessary.

E. Reporting Procedures

Officers responding to any incident involving a person in crisis shall comply with the following reporting requirements:

1. Reporting transportation for emergency admission
 - a. When a person in crisis is placed under a transport hold by MPD, and is involuntarily transported, the transporting officer(s) shall complete a Police Report titled CIC.
 - b. When MPD is the primary responding agency and determines that a transport by ambulance is necessary, the officer(s) shall complete a Police Report titled CIC.
 - c. When MPD is not the primary responding agency, and a person in crisis is placed under a transport hold and is transported by ambulance (or means other than MPD), the officer(s) shall request that MECC change the nature code to PIC prior to clearing the call.
 - i. When MPD officers complete a transport hold requested by a health officer, the MPD officers shall upload a copy of the completed hold form to Evidence.com under the incident number, and shall note the transport hold in added remarks in CAD.

2. Citation or arrest

When a person in crisis is cited and released or arrested for an offense, the arresting officer shall complete the Police Report.

3. Nature code

If an original incident (e.g. CKWEL, SUSPP, DIST) is later determined to be an incident involving a person in crisis, officers shall request that MECC change the nature code to PIC prior to clearing the call.

4. Report

When a report is required, officers completing the Police Report shall:

- a. Use CIC as the primary code or include CIC as an additional code when CIC is involved but not the primary code.
- b. Avoid references to the mental health of a person in any report synopsis available for public disclosure. All such information shall be documented in the nonpublic narrative section.

5. Crisis Intervention Data Collection form

- a. When the nature code of a call is PIC, the primary squad handling the call shall complete the Crisis Intervention Data Collection form in MDC prior to clearing. This form does not replace any required reports.
- b. Questions regarding the Crisis Intervention Data Collection form should be directed to the Crisis Intervention Coordinator.

F. Early Release from a Transport Hold or 72-Hour Hold

If a treatment facility releases a person from a transport hold placed by MPD officers or a 72-hour hold placed by the treatment facility, before the hold period expires, all related notifications from the facility shall be forwarded to the precinct supervisor in the precinct where the person was taken into custody. The supervisor shall review the case and make the determination regarding further actions.

G. Referral options

1. Referral options for behavioral health and social service agencies, veteran and homeless resources, child and adolescent services, and hospital systems are provided on the MPD's Sharepoint site under Crisis Intervention Resources.
2. If an officer learns of a new agency that can be used as a resource, the officer should notify the Crisis Intervention Coordinator via e-mail and include the agency name, address and phone number as well as the resources that can be provided. The Crisis Intervention Coordinator will add this information to the Crisis Intervention Resources.

H. Behavioral Crisis Response (BCR) teams

1. BCR response

When on duty, BCR teams will be responding to 911 calls involving community members with mental health challenges. The calls for service will be routed to the BCR teams via MECC only. They do not have a crisis line. They will be assigned calls by dispatch.

2. BCR transports

BCR teams can transport people on a voluntary basis only. They will not transport people who are placed on a transportation hold.

3. Call types and screening

- a. When BCR teams are on duty, MECC will screen calls to determine if they are appropriate for the BCR response. Such calls will be designated by the nature codes of:
 - BCR (Behavioral Crisis Response), and
 - BCRW (Behavioral Crisis Response Welfare)
- b. If a BCR team is not on duty or unavailable to respond, or if call circumstances change requiring the response of a Crisis Intervention Trained Officer, MECC will change the nature code to the appropriate MPD nature code (PIC, CKWEL, etc.) and will dispatch a squad. BCR teams will defer to responding officers instructions upon arrival.

- c. Officers dispatched to such calls shall follow current MPD policy and training in responding to these calls.
- d. In accordance with MECC protocol, a Crisis Intervention Trained Officer must be dispatched to incidents involving people in crisis who are believed to be mentally ill or developmentally disabled, in the following situations:
 - Firearms(s) or access to firearm(s) involved
 - Weapons(s) currently in their possession or threatening the use of weapon(s)
 - Physical violence has occurred or threats of physical violence toward others
 - When injury has taken place that is life threatening (example: someone has ingested pills, taken more than prescribed medication, alcohol, etc.)
 - Situations involving physical intervention to secure safety, i.e. someone on a bridge or ledge
 - When a BCR team is on-site and determines that the scene is unsafe