7-803 Crisis Intervention

(06/22/01) (12/28/06) (11/06/07) (10/25/18) (03/01/19) (04/01/19) (08/15/22) (xx/xx/24)

I. Purpose

Sanctity of life and the protection of the public are the cornerstones of the MPD's use of force policy. Members must recognize and respect the sanctity and value of all human life. Members shall make every effort to preserve human life in all situations (P&P 5-301).

People in crisis, including people who may be struggling with substance use, or people with mental health conditions, behavioral health challenges, or intellectual or developmental disabilities, may require tailored response and support.

The purpose of this policy is to provide all sworn members with clear and consistent policies and procedures regarding recognizing signs of crisis and appropriately interacting with people in crisis. The procedures encourage:

- Improving the safety of people in crisis, members, and the Minneapolis community.
- Promoting community solutions to assist people in crisis.
- Using all available resources to reduce police-involved response to people in crisis, consistent with community safety.
- Working with mental health professionals and forming community partnerships to assist in crisis response.
- Minimizing law enforcement interactions with and arrests of people in crisis.
- Diverting people in crisis away from the criminal justice system.
- Using de-escalation techniques and tactics in crisis situations to achieve peaceful resolutions to incidents and eliminate unreasonable, unnecessary, and disproportional uses of force against people in crisis (P&P 5-301 and P&P 7-802).

The purpose of this policy is to also ensure that members' use of force in crisis situations adheres to the force guiding principles described in P&P 5-301. The force guiding principles include, but are not limited to the Sanctity of Life (as incorporated below), the Duty to De-escalate, and Objectively Reasonable, Necessary and Proportional Force.

II. Procedures/Regulations

A. Applying the Critical Decision-Making Model

MPD has adopted the Critical Decision-Making Model (CDM) (P&P 7-801) for decision-making when responding to situations such as those covered by this policy. Members

responding to crisis situations should apply the following steps, which are encompassed in the procedures laid out in the policy:

1. Collect information.
2. Assess risks.
3. Consider authority to act.
4. Identify options.
5. Act, review, reassess.

Members shall ensure they are practicing the sanctity of life and the other core values while applying these steps.

B. Recognizing Crisis Situations

MPD recognizes that no person chooses to have mental health conditions. These are conditions just like physical illnesses such as diabetes or cancer, and require the same support and attention as physical conditions.

These conditions can be multifaceted and complex, being impacted by various additional factors such as economics, cultural experiences, access to resources etc.

Having mental health conditions, physical health conditions, neurological conditions or other similar conditions does not automatically mean the person is in crisis. People are often able to manage the symptoms for many conditions, allowing them to live fulfilling and productive lives.

1. Contributing factors

   Factors that may contribute to a crisis include:

   a. Substance misuse or abuse and related symptoms. Physical symptoms could include:

      - Bloodshot, glassy or red eyes.
      - Slurred speech, or rapid or rambling speech.
      - Unfocused or blurred vision.
      - A sense of euphoria or depression.
      - A heightened sense of visual, auditory and taste perception.
      - A change in blood pressure or heart rate.
      - Decreased coordination.
      - Difficulty concentrating or remembering.Hallucinations or paranoia.
      - Lack of inhibition.

b. Physical or external conditions.
These includes conditions such as:

- Neurological conditions (autism spectrum disorder, ADHD, etc.).
- Traumatic brain injuries.
- Medication side effects.
- Dementia or similar conditions.
- Sleep deprivation.

c. Mental health conditions.
These include conditions such as:

- Major depression.
- Chronic anxiety.
- Bipolar.
- Schizophrenia.
- Post Traumatic Stress.

d. Situational stressors.
These include stressors related to a person's:

- Job or career.
- Relationships (break-up, death in the family, etc.).
- Financial situation.
- Physical health issues.
- Positive life changes that may still add stress or overwhelm the person.

2. Effects of contributing factors

a. Contributing factors can:

- Overlap or co-exist.
- Cause or worsen other factors.
- Be difficult to disentangle and treat, especially when more than one is present.
- Be magnified by a precipitating event.

b. These factors can cause a person to experience difficulty regulating emotions, be less able to think clearly or logically, and have difficulty responding appropriately to a situation. The person may feel completely overwhelmed and fall into a state of crisis.

3. Signs of a crisis

a. A crisis could manifest as:

- Rapid changes in mood or emotions.
- Difficulty with concentration, memory, sleep or appetite.

- Heightened sensitivity (possibly described as "on edge").
- Illogical thinking (ex. "If I hurt that person, I'll be okay.").
- Nervousness.
- Feeling disconnected, including from those around them, from reality, etc.
- Signs of lack of self-control, which may include:
    - Extreme agitation.
    - Inability to sit still.
    - Clear difficulty communicating effectively.
    - Rambling incoherent thoughts and speech.
    - Clutching oneself or other objects to maintain control.
    - Moving very rapidly.

b. In accordance with P&P 2-503, members are prohibited from using "excited delirium" or similar terms to describe a person or their behavior in any manner or context.

4. Assessing risk

Most people in crisis are not violent, but under certain circumstances or conditions some people in crisis may present behavior that is dangerous to themselves, the public or to members.

Some people looking to harm themselves may take actions, such as jumping into traffic, from a structure, or in front of a train, that can cause harm not only to the person but also unintentionally harm other people physically and psychologically.

Jail does not generally help non-violent people with mental health conditions. Transport holds may be a more appropriate response (see section [III-E] below).

Members should assess whether the person represents potential danger to themselves, the member, or others, and may use several indicators to assess the risk such as:

a. The person's access to weapons.

b. The person's statements, conduct, or inferences that suggest the person will commit a violent or dangerous act.

c. The person's history, which may be known to the Department, the member, family, friends, or neighbors. This includes indications that the person lacks self-control, including a lack of physical and psychological control over rage, anger, fright, or agitation. This information may also come from the person's public social media accounts.

d. The volatility of the environment.

- Agitators who may upset the person, create a combustible environment, or incite violence should be carefully noted, and separated from the person in crisis or otherwise controlled (when applicable).

C. Crisis Intervention Response

People in crisis need support, and MPD's objective is to provide help. People in crisis may need routing to community or health-based resources, when feasible.

1. Collect and assess information

   When responding to a crisis situation, members should make reasonable efforts to gather information that may help them understand the crisis and respond more appropriately to the situation, such as:

   a. Past occurrences of this or other crisis-related situations.

   b. Information about the person, family, or support system that may aid in using de-escalation techniques and tactics and lead to effective resolution. This may include preferences, strengths, and interests of the person, factors that may have precipitated the crisis, and examples of strategies that have proven effective with the person in the past.

   c. Past incidents involving injury or harm to the person or others, including incidents involving possible suicide risk.

   d. Information suggesting whether the person has failed to take prescribed medications.

   e. Indications of substance misuse or abuse, or related symptoms.

   f. Contact information for relatives, friends, or neighbors available to assist members.

   g. Information from any of the available sources listed above that might assist in effectively assessing and resolving the situation and bring it to peaceful resolution using the least-intrusive measures.

2. Additional members

   When feasible, calls involving a police response to a person in crisis should have a two-member response. If information becomes available that suggests additional members may be necessary, backup should be requested as soon as possible.

3. Be prepared for behavior changes

   People affected by a behavioral health condition or crisis may rapidly change their behavior or demeanor from calm and responsive to physically active and agitated or non-responsive. This behavior change may result from an external trigger, such as a member

who states, "I have to handcuff you now," or from internal stimuli, such as delusions or hallucinations.

a. Changes in a person's demeanor or behavior do not automatically mean they will become violent or threatening; however, members should be observant and prepared at all times for a rapid change in behavior.

b. Members should continue to assess the situation for escalating risk and shall use de-escalation techniques and tactics when feasible.

4. Calm the situation

As emotions escalate, the ability to think rationally goes down. This applies to all people (including responding members), but is especially true for people in crisis.

When feasible (in accordance with the de-escalation policies in P&P 7-802), members shall take steps to calm a situation when responding to a person in crisis, including:

a. Be aware of how the noisiness or chaotic nature may impact the person's decision making, especially in incidents involving a heavy police presence.

i. Such considerations apply to police radio volume, emergency lights and sirens, etc.

ii. When feasible, members should remove distractions and upsetting influences which may escalate the situation.

b. When possible, avoid physical contact and take time to assess the situation, using the Critical Decision-Making Model (CDM) (P&P 7-801). Members should operate with the understanding that, in most cases, time and distance are allies and there is no need to rush or force the situation.

c. Assume a quiet, non-threatening tone and manner while approaching or conversing with the person.

i. Communicate clearly.

ii. Make every effort to speak slowly and calmly.

iii. Express concern for the person's feelings, and allow the person to share feelings without expressing judgment.

d. Use active listening skills. For example: restating what the person says "what I hear you saying is…" or "If I understand you correctly…".

e. Consider how commands are given.

i. Only one member should speak at a time when possible. Having one member or unit take the lead in verbal communication reduces the chances that the person will feel overwhelmed by multiple people shouting commands, and can avoid the potential for conflicting commands.

ii. Keep commands simple and concrete.

iii. Consider rewording, varying or altering the nature of the commands. If the same command does not work the first few times (e.g., "get out of the car now"), the chance that it will work in subsequent instances are probably low, so some variation may be beneficial (e.g., "we want to ensure no one gets hurt so we need you to get out of the car").

iv. Consider asking questions to elicit information rather than issuing orders, such as "How can we help you?" or "Is there a family member or someone you trust that we can call?".

f. When feasible, move slowly to avoid surprising, exciting or agitating the person. Whenever possible, members should inform the person of what they are going to do before doing it.

g. Members should try to manage their own emotions and reactions so they can stay in control and think rationally. This can include focusing on slow breathing, using eye contact when talking and listening, and moving slowly and smoothly.

h. Provide reassurance that the police are on-scene to help.

i. Offer appropriate care, assistance, and resources to the person. This could include calling BCR when appropriate (see [III-K]).

j. Members should not threaten the person with arrest or physical harm, as this may create additional fear, stress, and potential aggression.

k. Members should avoid topics that seem to agitate the person, and guide the conversation away from topics that cause stress or agitation and towards topics that seem to ease the situation.

l. Members should avoid making promises that cannot be kept and should not validate or participate in a person's delusion or hallucination.

5. Inform person of steps being taken

a. When practical, members 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.

b. When it is necessary to apply handcuffs (P&P 5-305), and when it is safe to do so, every effort should be made to explain why handcuffs are needed, and to inform the person of the process. This can be a traumatic experience, and knowing in advance the reason why and what to expect can reduce trauma.

6. Minors in crisis

   a. Members responding to a call involving a minor in need of psychiatric care (whether or not the minor is under arrest- P&P 8-300) 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, members shall report the incident to Child Protection Services Intake at 612-348-3552.

7. Tactical disengagement

   In crisis situations, members should consider whether continued contact with the person in crisis may result in an unreasonable risk to the person, the public or members, such as when the person is resistant to a transport hold. Members may choose to tactically disengage to avoid resorting to physical force, subject to the approval requirements below.

   a. If the person in crisis is not posing a danger of harming themselves or others, members may tactically disengage without supervisor approval.

   b. If the person in crisis is only posing a danger of harming themselves and not others members may choose to tactically disengage 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.

      i. Prior to tactically disengaging from such a person, members shall notify their supervisor and await their supervisor's response to the scene.

      ii. The supervisor who was notified shall respond to the scene and assess whether tactical disengagement is appropriate under the circumstances.

   c. When tactically disengaging, members should consider whether a non-law enforcement resource should be contacted to provide assistance, such as BCR ([III-K]).

8. Non-engagement

   a. In limited circumstances, members may be aware of the identity and behavior of a person before making contact that indicates that the person is not currently a threat to others, and that contact with law enforcement would not be helpful and instead may only escalate the situation.

b. In these circumstances, a supervisor may approve non-engagement. The supervisor shall report non-engagement decisions to the Watch Commander or Inspector of the affected precinct.

c. In situations involving non-engagement, members should consider whether a non-law enforcement resource should be contacted to provide assistance, such as BCR ([III-K]).

D. Prohibition on Suggesting Sedation

In accordance with P&P 7-350, members are prohibited from suggesting or directing sedation to anyone, for any person, including any person who is acting agitated, disorganized, or behaving erratically.

E. Emergency Admission Procedures and Transport Holds

1. Transport holds

A transport hold is when a peace officer or health officer takes a person into custody and the person is transported to a medical facility for emergency admission and held until they are evaluated, under the authority from MN Statute section 253B.051, subd. 1. After the evaluation, the facility may release the person or place them under a 72-hour hold.

a. A peace officer or health officer may take the person into custody and transport the person to an examiner or a treatment facility, if the officer has reason to believe that both of the following required elements are present:

- The person is believed to have a mental health condition or developmental disability, or is believed to be chemically dependent or intoxicated in public. *and*
- The person is in danger of harming self or others if not immediately detained.

b. Members should consider their own observations first, however, the member 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, when they have a credible reason to believe the information is true.

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. Members should consider whether the person might be willing to voluntarily receive treatment.

d. The member has the authority to sign a transport hold based on the factors above, but may also assist in executing a transport hold that is written by a health officer (on or off-site) and presented to the member. When a member responds to a health officer's call to assist in transporting a person, the member should verify that the health officer is qualified under the statute to write a transport hold. If the member believes that enforcing the transport hold may result in an unreasonable risk to the person, the public or members, or that the required elements do not apply, they may decline to assist.

e. The member 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 MPD's internal site under Forms.

ii. The form can be completed online but must be printed for distribution.

iii. The member completing the form shall provide a copy of the completed form to:

- The health care facility.
- The person taken into custody.
- The transporting agency, if the person is not transported by the member.

iv. The member's statement shall specify the facts to substantiate why the member has reason to believe both of the required elements are applicable.

v. Members shall use their precinct desk number as the contact phone number on the form.

2. Transportation for Emergency Admission

a. Any necessary transportation for emergency admission under a transport hold 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. Whenever feasible, members should attempt to gather any critical medications to accompany the person to the health care facility.

d. If the person to be transported is a minor, members shall make a reasonable attempt to notify the parent or guardian as soon as practical (P&P 8-305).

e. When a person will be transported for emergency admission, members are advised to call EMS to make the transport in the following circumstances:

i. The person is combative.

- A member shall ride in the ambulance during the transport of the combative person.

ii. The person requires medical attention (P&P 7-350).

iii. The person is unable to walk due to a medical or physical condition or other circumstances.

f. In the event a dispute arises regarding the MPD's Transportation for Emergency Admission section, a Supervisor will be called to the scene.

g. 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, members should use those to make the transport.

F. Handcuffing People in Crisis

1. During crisis situations, members may only use handcuffs to restrain a person's hands in accordance with the factors and requirements described in P&P 5-305, and the use of handcuffs must be objectively reasonable, necessary and proportional. This includes when members are taking custody of the person solely for a transport hold. When feasible to do so, members should explain to the person prior to handcuffing why they will be handcuffed and the steps that will occur in the process (P&P 5-305). This explanation should be given in a tactful manner, using age-appropriate language for minors (P&P 8-100), and should also be given to parents or family members if present.

2. If a person in crisis is handcuffed, members shall keep the person under close observation while in custody, and shall continue using de-escalation techniques and tactics as necessary.

G. Avoiding Citations and Arrests

Members should attempt to avoid citations and arrests for people in crisis, when feasible. Members' discretion should be guided by the goal of helping people in crisis and diverting them from the criminal justice system, when appropriate given the nature and seriousness of the incident.

H. Reporting Procedures

Members 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 members shall complete a Police Report including the code CIC.

    b. When MPD is the primary responding agency and determines that a transport by ambulance is necessary, the members shall complete a Police Report including the code CIC.

    c. Members should 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.

    d. 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 members shall request that MECC change the nature code to PIC prior to clearing the call.

        i. When members complete a transport hold requested by a health officer, the members 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. Nature code

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

3. Crisis Intervention Data Collection form

    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.

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

If a treatment facility releases a person from a transport hold placed by members or a 72-hour hold placed by the treatment facility, before the hold period expires, members who receive related notifications from the facility shall forward them to the precinct supervisor of the member who completed the transport hold. The supervisor shall review the case and make the determination regarding further actions.

J. Referral options

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.

K. Behavioral Crisis Response (BCR) teams

1. BCR response

   When on duty and when safe to do so, BCR teams will be responding to 911 calls involving a mental health component. The calls for service will be reviewed by MECC and routed to the BCR teams when appropriate. 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 sworn member, 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 members' instructions upon arrival.

   c. Members dispatched to such calls shall follow current MPD policy and training in responding to these calls.

   d. In accordance with MECC protocol, a sworn member must be dispatched to incidents involving a person in crisis who is believed to have a mental health condition, behavioral health challenges, or an intellectual or developmental disability, 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.

III. Definitions

Behavioral Crisis Response (BCR) team: The City of Minneapolis has established Behavioral Crisis Response (BCR) teams to respond to incidents of non-violent events involving a mental health component. All BCR 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 may be threatened by behavioral health challenges, to include mental health conditions, intellectual or 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.

Crisis Intervention: An attempt by a member to use appropriate de-escalation techniques and tactics to manage the crisis situation, refer or divert the person to other services when appropriate, and ensure the safety of everyone involved.

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.

Critical Decision-Making Model: The critical decision-making model is a thought organization tool that allows members to organize situational factors and inform decisions as they respond to police incidents of all levels of complexity. All sworn members are trained in using the Critical Decision-Making Model.

De-escalation: Techniques and tactics to reduce the intensity of a situation. These strategies serve to preserve life and promote member safety by enabling members to resolve situations without the use of force or with the lowest degree of force necessary. (P&P 7-802)

Developmental Disability: A physical, cognitive, or emotional impairment often caused by a neurodevelopmental condition 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: Withdrawing from the person or situation. Disengagement can be tactical or physical.

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

Physical disengagement: When physically engaged with a person, disengagement is breaking contact or physically creating space between the member and the person to allow for reassessment of the situation.

Health Officer: A health officer is defined (MN Statute section 253B.02, Subd. 9) 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.
- A formally designated member of a prepetition screening unit.

Mental Health Conditions: MN Statute Section 245.462, Subd. 20 defines health conditions (referred to as "mental illness" in the law) 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 health 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).