Crisis Intervention Incidents

427.1 PURPOSE AND SCOPE

This policy provides guidelines for interacting with those who may be experiencing a mental health or emotional crisis. Interaction with such individuals has the potential for miscommunication and violence. It often requires an officer to make difficult judgments about a person's mental state and intent in order to effectively and legally interact with the individual.

427.1.1 DEFINITIONS

Definitions related to this policy include:

Person in crisis - A person whose level of distress or mental health symptoms have exceeded the person's internal ability to manage his/her behavior or emotions. A crisis can be precipitated by any number of things, including an increase in the symptoms of mental illness despite treatment compliance; non-compliance with treatment, including a failure to take prescribed medications appropriately; or any other circumstance or event that causes the person to engage in erratic, disruptive or dangerous behavior that may be accompanied by impaired judgment.

CIT Officer - A licensed peace officer that has successfully completed the department approved crisis intervention training. CIT officers will make up a part of the Mental Health Unit.

Crisis Intervention Team (CIT) - CIT officers who have been assigned to the Mental Health Unit to assist in the response to a person in crisis.

Mental Illness - defined in Minn. Stat. §253b.01 Subd 13.

Mental Health Evaluation Team (MHET) - CIT officers who assist with follow up, documentation, education and outreach related to the Mental Health Unit. These duties may include follow-up wit the person who was in crisis.

Mental Health Unit (MHU)) - a group comprised of a designated mental health social worker, MHU coordinator(s) or others deemed appropriate by the chief of police. This group has a primary function to identify those persons suffering from a mental illness, who frequently require emergency services and/or are at risk for violent encounters with police.

Mental Health Unit Coordinator - a department member designated by the chief of police to oversee the Mental Health Unit. The MHU coordinator will also manage statistics related to crisis intervention and collaborate with nearby law enforcement agencies to assist in case management. The MHU coordinator will work with PSAP and EMS providers, behavioral health advocates and hospitals to develop and maintain working relationships and guidelines when possible.

427.2 MENTAL HEALTH UNIT (MHU)

The department will establish a Mental Health Unit which includes CIT officers, the MHU coordinator, and MHET officers. The Mental Health Unit will focus its efforts on:

(a) individuals who have been in contact with the department as a result of a call for service, referral or another means that involves suspected mental illness or an other behavioral health event.

(b) family, household members or others with an established relationship with the person in crisis to attempt to coordinate with local social services.

(c) develop a response plan for potential or known persons in crisis and when possible, utilize CIT members when responding to calls for service.

(d) promote police officer safety by ensuring that police officers are as prepared as possible to respond to mental health related calls.

(e) raise law enforcement's accountability to the public in respond to mental health related calls or persons in crisis.

(f) provide guidelines for effective response to person in crisis and as appropriate, case management after the initial response.

427.3 POLICY

The Minnetonka Police Department is committed to providing a consistently high level of service to all members of the community and recognizes that persons in crisis may benefit from intervention. The Department will collaborate, where feasible, with mental health professionals to develop an overall intervention strategy to guide its members' interactions with those experiencing a mental health crisis. This is to ensure equitable and safe treatment of all involved.

427.4 SIGNS

Members should be alert to any of the following possible signs of mental health issues or crises:

(a) A known history of mental illness

(b) Threats of or attempted suicide

(c) Loss of memory

(d) Incoherence, disorientation or slow response

(e) Delusions, hallucinations, perceptions unrelated to reality or grandiose ideas

(f) Depression, pronounced feelings of hopelessness or uselessness, extreme sadness or guilt

(g) Social withdrawal

(h) Manic or impulsive behavior, extreme agitation, lack of control

(i) Lack of fear

(j) Anxiety, aggression, rigidity, inflexibility or paranoia

Members should be aware that this list is not exhaustive. The presence or absence of any of these should not be treated as proof of the presence or absence of a mental health issue or crisis.

427.5 COORDINATION WITH MENTAL HEALTH PROFESSIONALS

The Chief of Police should designate an appropriate Division Director to collaborate with mental health professionals to develop an education and response protocol. It should include a list of community resources to guide department interaction with those who may be suffering from mental illness or who appear to be in a mental health crisis.

427.5.1 OBTAINING MENTAL HEALTH INFORMATION

The Chief of Police should designate a member of the Department to develop access procedures, retention guidelines, data security safeguards, notification procedures, and any other applicable standards for obtained mental health information (Minn. Stat. § 626.8477).

Officers may seek information from a mental health professional during a crisis situation pursuant to department procedures. When information is requested, officers should provide an explanation why disclosure of mental health information is necessary to protect the health or safety of the individual in crisis or of another person (Minn. Stat. § 13.46; Minn. Stat. § 144.294).

Information obtained from mental health professionals in crisis incidents should generally be limited to that necessary to safely respond. Officers obtaining mental health information to address crisis incidents should document the following in the associated reports (Minn. Stat. § 13.46; Minn. Stat. § 144.294):

(a) The name of the officer who requested the information

(b) The name of the health professional who provided the information

(c) The name of the individual experiencing the crisis

Mental health information obtained in these circumstances should not be used for any purpose beyond addressing the crisis. The subject of the information should be advised of the information obtained (Minn. Stat. § 13.46; Minn. Stat. § 144.294).

427.6 FIRST RESPONDERS

Safety is a priority for first responders. It is important to recognize that individuals under the influence of alcohol, drugs or both may exhibit symptoms that are similar to those of a person in a mental health crisis. These individuals may still present a serious threat to officers; such a threat should be addressed with reasonable tactics. Nothing in this policy shall be construed to limit an officer’s authority to use reasonable force when interacting with a person in crisis.

Officers are reminded that mental health issues, mental health crises and unusual behavior alone are not criminal offenses. Individuals may benefit from treatment as opposed to incarceration.

An officer responding to a call involving a person in crisis should:

(a) Promptly assess the situation independent of reported information and make a preliminary determination regarding whether a mental health crisis may be a factor.

(b) Request available backup officers and specialized resources as deemed necessary and, if it is reasonably believed that the person is in a crisis situation use conflict resolution and de-escalation techniques to stabilize the incident as appropriate.

(c) If feasible, and without compromising safety, turn off flashing lights, bright lights or sirens.

(d) Attempt to determine if weapons are present or available.

(e) Take into account the person's mental and emotional state and potential inability to understand commands or to appreciate the consequences of his/her action or inaction, as perceived by the officer.

(f) Secure the scene and clear the immediate area as necessary.

(g) Employ tactics to preserve the safety of all participants.

(h) Determine the nature of any crime.

(i) Request a supervisor, as warranted.

(j) Evaluate any available information that might assist in determining cause or motivation for the person's actions or stated intentions.

(k) If circumstances reasonably permit, consider and employ alternatives to force.

427.7 DE-ESCALATION

Officers should consider that taking no action or passively monitoring the situation may be the most reasonable response to a mental health crisis.

Once it is determined that a situation is a mental health crisis and immediate safety concerns have been addressed responding members should be aware of the following considerations and should generally:

- Evaluate safety conditions.
- Introduce themselves and attempt to obtain the person's name.
- Be patient, polite, calm, courteous and avoid overreacting.
- Speak and move slowly and in a non-threatening manner.
- Moderate the level of direct eye contact.
- Remove distractions or disruptive people from the area.
- Demonstrate active listening skills (e.g., summarize the person's verbal communication).
- Provide for sufficient avenues of retreat or escape should the situation become volatile.

Responding officers generally should not:

- Use stances or tactics that can be interpreted as aggressive.
- Allow others to interrupt or engage the person.
- Corner a person who is not believed to be armed, violent or suicidal.
- Argue, speak with a raised voice or use threats to obtain compliance.

427.8 INCIDENT ORIENTATION

When responding to an incident that may involve mental illness or a mental health crisis, the officer should attempt to ascertain critical information including;

(a) Whether the person is under the influence of alcohol or drugs, or are not compliant with their prescribed medication.

(b) Whether there have been prior incidents, suicide threats/attempts, and whether there has been previous police response.

(c) If the person is in possession, or has access to, any weapons.

(d) Contact information for a treating physician or mental health professional.

Additional resources and a supervisor should be requested as warranted.

427.9 INCIDENT REPORTING

A written report shall be completed on each mental health crisis call or other calls for service where an underlying mental health issue may be present.

Members engaging in any oral or written communication associated with a mental health crisis should be mindful of the sensitive nature of such communications and should exercise appropriate discretion when referring to or describing persons and circumstances.

Members having contact with a person in crisis should keep related information confidential, except to the extent that revealing information is necessary to conform to department reporting procedures or other official mental health or medical proceedings.

427.9.1 DIVERSION

Individuals who are not being arrested may be processed in accordance with the Mental Health Holds policy.

427.10 NON-SWORN INTERACTION WITH PEOPLE IN CRISIS

Non-sworn members may be required to interact with persons in crisis in an administrative capacity, such as dispatching, records request, and animal control issues.

(a) Members should treat all individuals equally and with dignity and respect.

(b) If a member believes that he/she is interacting with a person in crisis, he/she should proceed patiently and in a calm manner.

(c) Members should be aware and understand that the person may make unusual or bizarre claims or requests.

If a person’s behavior makes the member feel unsafe, if the person is or becomes disruptive or violent, or if the person acts in such a manner as to cause the member to believe that the person may be harmful to him/herself or others, an officer should be promptly summoned to provide assistance.

427.11 TRAINING

As part of the department's field training program, all recruit officers shall receive instruction on department policies, state statutes and case law regarding mental health and crisis calls.

Additionally, In coordination with the mental health community and appropriate stakeholders, the Department will develop and provide comprehensive education and training to all department members to enable them to effectively interact with persons in crisis.

Additionally, the Professional Standards Director will provide officers, with in-service training in crisis intervention and mental illness crisis as required by Minn. Stat. § 626.8469 and Minn. Stat. § 626.8474.