

2018 MPD Results - Deep Dive



Emotionally Disturbed Persons

Questions

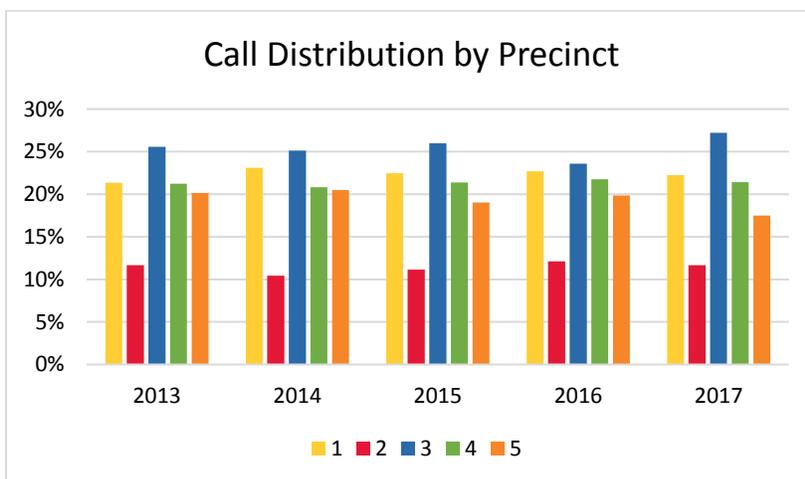
1. The police role has always been very broadly defined and public expectations of that role have broadened further as a result of social change. How do we address EDP issues effectively when we are not the Subject Matter Experts, yet are most often the first responder expected to handle the situation?
2. How do we balance the need for accurate and comprehensive data with the:
 - a. Officer time required to gather that data?
 - b. Staff time required to coordinate with multiple agencies on data sharing and analysis?

Background

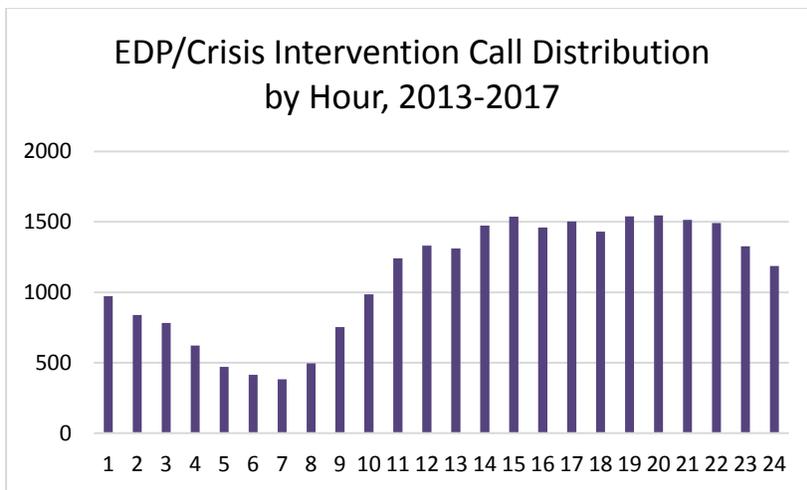
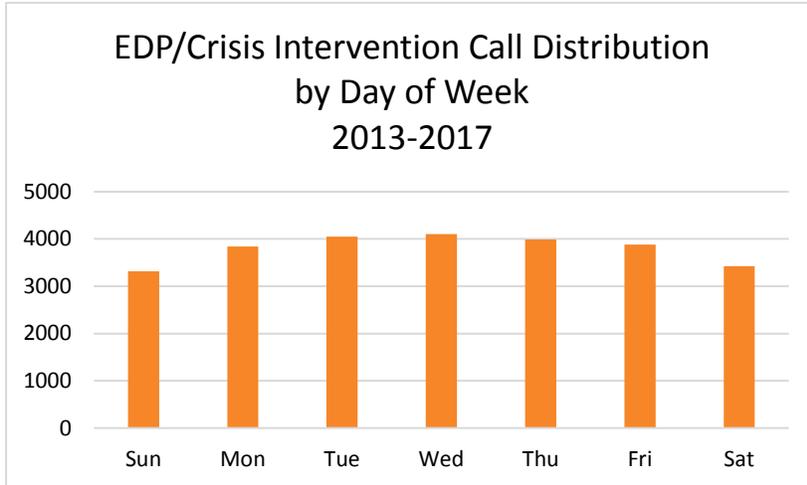
From January 2013 through December 2017, the Minneapolis Police Department responded to an average of approximately 4925 calls per year involving emotionally disturbed persons (EDPs) or persons experiencing some type of mental health crisis.

What the data shows

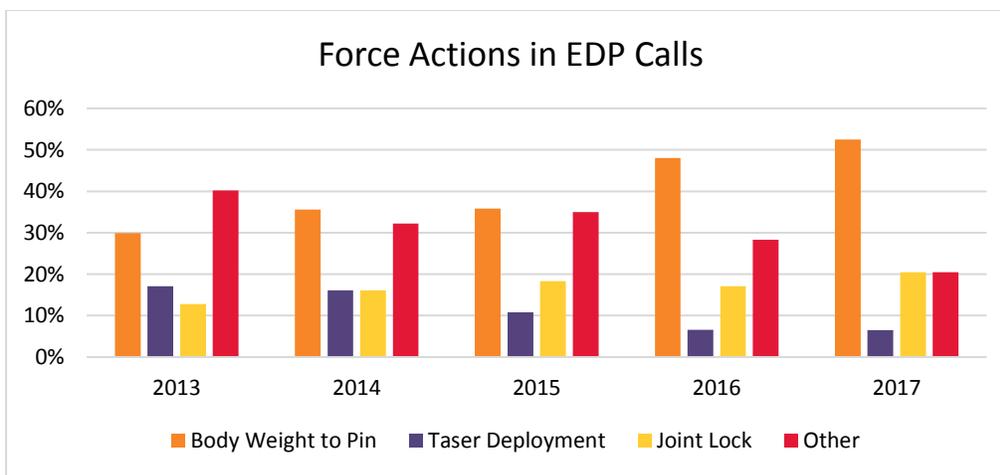
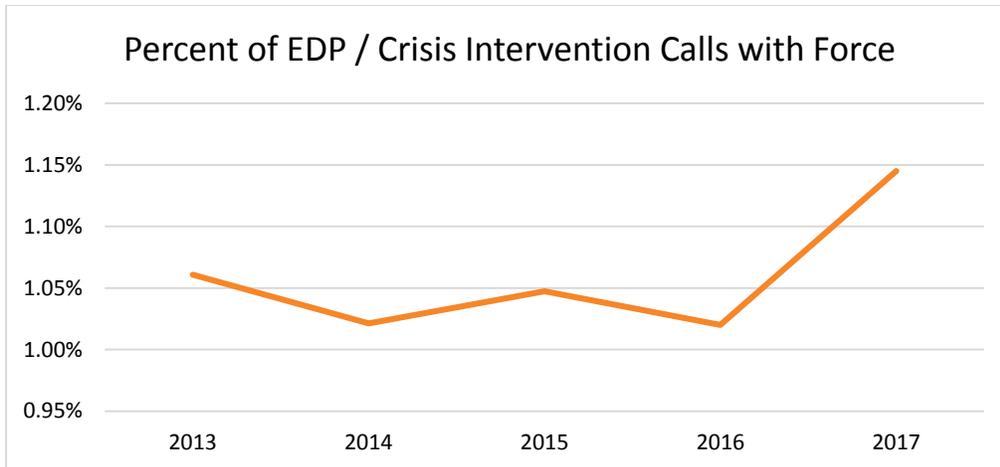
- There has been an upward trend in the number of EDP calls for each of the past five years (see page 12 of the MPD Results report for a chart of this trend).
- It is unclear whether this increase in calls relates to an increase in confidence in how the MPD handles EDP calls, relates to an increase in people in Minneapolis having mental health challenges, or relates to changes in how data is being coded.
- The distribution of EDP/Crisis Intervention calls by precinct has remained relatively consistent over the past five years, with the highest percent of calls consistently occurring in the 3rd Precinct.



- The highest volume of calls falls between the hours of 2 pm and 9 pm, and on Wednesdays, Tuesdays, and Thursdays. Consideration should be given as to whether Co-Responder shifts could be adjusted to coincide with peak calls for service, although the current hours may be more appropriate for the follow-up care component.



- The portion of EDP or Crisis Intervention calls involving use of force remained fairly steady over the past five years, at around 1%, with a slight increase in 2017. For all five years, the three most frequent types of force used were Body Weight to Pin, Joint Lock, and Taser Deployment. All other types of force used experienced a significant decrease of approximately 20% over the five year period.



Overall challenges

Responding to these types of calls can be challenging for a variety of reasons:

- Persons experiencing a mental health crisis can pose a danger to themselves, others in the community and the officers responding to the call. Situations can change from stable to unstable in a second, for no known reason.
- Officers are not equipped to provide all of the services or connect the people with the proper resources and services that they need, resulting in repeated encounters with the same individuals. As a result, officers are unable to resolve ongoing problems with individuals and can only address the problem in the moment, which may involve transporting the individual to a health facility or jail, depending on the situation.
- EDP calls are time intensive, with an average time spent on the call of approximately 44 minutes. There was a slight decrease in average from 45 minutes to 43 minutes from 2016 to 2017.
- Due to the amount of time required on these calls, it can increase response times on other calls.
- Approximately 80% of all MPD officers have received 40 hours of Crisis Intervention Training. The training teaches them how to preserve the dignity of every individual encountered who is emotionally disturbed/mentally ill and to recognize a variety of symptoms of mental illness. The

training gives them additional skills in active listening, teaches them how to respectfully engage people in crisis, and gives them tools to help de-escalate or defuse situations. The training has helped officers and the people they encounter, but the officers still do not have training that is equal to that of a mental health professional.

Challenges with the data

- The EDP/Crisis Intervention call data in this report was compiled from the MECC CAD system for the Minneapolis Police Department for the years 2013 - 2017. Note that CAD was not designed to be used as a reporting system.
- The calls for service data, which included call disposition info for the years examined, is of limited value due to disposition codes with similar meaning (Unable to Locate, Gone on Arrival, All Quiet) and codes which have limited or no meaning (False, Blank, etc.).
- The outcome/disposition of the calls is a valuable piece of information. It allows us to track whether someone was transported and exactly where they were transported to. The lack of consistent data for the past five years makes it difficult to identify any trends in the number of people being transported to jail or mental health facilities, and makes it difficult to determine whether the forty-hour CIT training for sworn (which began in 2016) resulted in a decrease of transportations.

Moving forward 2018-2019:

- The Police Information Management System (PIMS) was implemented in the summer of 2018 as the new Records Management System for the Minneapolis Police Department. The hope is that collection and retrieval of the data from the system will be better than the prior system.
- The Crisis Intervention Data Collection Form which was implemented in July 2018 for all EDP/Crisis Intervention calls, requires collection of more data. Information that is being gathered includes race, gender, whether or not there were injuries to the EDP or the officer, whether there was an arrest or force used, and where the EDP was transported (if transported). This data will be valuable in assessing trends.

Co-Responder Pilot Project

- In September of 2017, the Co-Responder Pilot Project - a partnership with the Minneapolis Police Department and the Hennepin County Community Outreach for Psychiatric Emergencies (C.O.P.E.) - was implemented in the 5th and 3rd Precincts. The project pairs a licensed social worker with an officer, to respond to calls involving EDPs or persons in certain types of crisis who would benefit from their presence. Other officers may request their assistance on calls.
- MECC initially dispatches a two person squad to an EDP call. Once the call is code 4, a Co-Responder squad is requested (or arrives simultaneously if they have been monitoring the calls) and the other officers clear the call. This allows the other squads to be able to respond to other calls and allows the Co-Responder squad the time needed to work with the EDP person.
- The mental health professional in the Co-Responder unit engages with the EDP to make an assessment and attempt to provide services to the EDP, ideally to allow them to stay in their

home rather than transporting them to the hospital or jail (where they would not receive the services they need). This also saves money for the County by avoiding ambulance transports to the hospital. An added benefit of the Co-Responder Unit is that the City fills a gap of services police are not able to provide.

The goals and benefits of the Co-Responder Project are to:

- Reduce overall Emotionally Disturbed People (EDP) related calls for police service
- Reduce time non Co-Responder officers spend on EDP calls
- Reduce hospitalization and/or arrest of mentally ill individuals
- Reduce injuries to officers, EDPs and others involved, and
- Reduce future Use of Force events

A major challenge of the Co-Responder Project is limited resources:

- Currently only 2 MPD units partner with Hennepin County's Community Outreach for Psychiatric Emergencies (COPE)
- Staffed M - F, 10 am to 6 pm
Delayed response times due to limited staffing and driving across precincts to reach calls