

## Recommended Mental Health Response Policy<sup>1</sup>

### **PURPOSE AND SCOPE**

This Recommended Mental Health Response Policy was created for the sole purpose of addressing and responding to any calls for police assistance related to the mental health community. This policy sets guidelines for certified CIT officers assigned to field duty.

### **DEFINITIONS**

Crisis Intervention Trained (CIT) Officer - A licensed peace officer who has successfully completed the prescribed 40 hour CIT certification course.

Mental Illness - An illness, disease or condition that substantially impairs a person's thoughts, perception of reality, emotional process or judgment, or grossly impairs behavior.

Mental Health Emergency- A serious situation requiring immediate action that is caused by an illness, disease or condition that substantially impairs a person's thoughts, perception of reality, emotional process or judgment, or grossly impairs behavior as demonstrated by recent disturbed behavior.

### **CRISIS INTERVENTION TEAM<sup>2</sup>**

The Crisis Intervention Team (CIT) is comprised of volunteer officers from each of the precincts and other duty assignments. It is the policy of the Minneapolis Police Department to handle incidents involving mentally ill persons and those in crisis, with care and expertise, ensuring that such persons receive appropriate responses based on their needs.

Whenever possible, a CIT Officer will be dispatched to provide direction and be the primary contact during police response to incidents involving persons in crisis or who are believed to be mentally ill. Minneapolis Emergency Communications Center (MECC) will dispatch the necessary patrol squads and the nearest available CIT squad for all police calls for service involving persons in crisis or mentally ill individuals.

Officers at a scene shall evaluate the situation, and based upon the information and circumstances known at that time, determine if the situation warrants a CIT squad. If a CIT Officer is requested to assist, or is initially dispatched by MECC, on arrival, the CIT Officer(s) shall have and maintain on-scene responsibility unless otherwise directed by a supervisor. CIT Officers will respond from their normal work assignments.

CIT Officers shall:

- be trained to recognize whether a person is mentally ill or developmentally disabled;
- be trained in the area of less lethal weapons and de-escalation techniques;
- attend training as required by the MPD Training Unit.

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<sup>1</sup> Much of this Recommended Policy is modeled after Austin Police Department's Mental Health Response policy available in Appendix 5.

<sup>2</sup> Currently existing MPD Policy 7-809 CRISIS INTERVENTION TEAM available in Appendix 3.

## **INCIDENTS REQUIRING A CIT OFFICER**

(a) The following incidents require a CIT officer:

1. Any situation where the responding officer believes that a persons mental health is adversely affecting the persons behavior (e.g., attempted suicide, suicidal subject).
2. Any request from a member of the community for a CIT officer.
3. Mental health related calls from a facility/provider that furnishes services on behalf of the mental health community.
4. Any health care facility or emergency room request for assistance relating to a person suspected of a mental illness.

(b) If the incident is non-emergency in nature, a CIT officer shall respond as the primary officer.

(c) If the incident is an emergency, any patrol officer may be dispatched immediately and a CIT officer will be dispatched as soon as possible.

## **CIT OFFICER REFERRALS**

Officers receiving a mental health request for assistance from a complainant will refer the individual to an on-duty CIT officer. An incident report will be completed as outlined in this policy.

(a) If the person about whom the call is made poses any threat to safety, the responding officer will remain at the scene until contact is made with an on-duty CIT officer to determine the appropriate action to be taken.

## **MENTAL HEALTH COMMITMENTS**

### **VOLUNTARY COMMITMENT**

Employees encountering persons desiring to be committed to a mental health facility shall contact an on-duty CIT Officer for an assessment. The responding CIT Officer conducting the assessment shall also provide transportation to the appropriate facility, if necessary.

### **PEACE OFFICER AUTHORITY**

(a) Per Minnesota Statute 253B.05(2)<sup>3</sup> an officer may make an emergency commitment and take a person into custody and transport the person to a licensed physician or treatment facility if the 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 knowledge of the person's past behavior or psychiatric treatment, that the person is mentally ill or developmentally disabled and in danger of injuring self or others if not immediately detained.

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<sup>3</sup> Text of Minnesota Statute 253B.05 is available in Appendix 4.

(b) An officer may take a person who is believed to be chemically dependent or is intoxicated in public into custody and transport the person to a treatment facility. If the person is intoxicated in public or is believed to be chemically dependent and is not in danger of causing self-harm or harm to any person or property, the officer may transport the person home.

1. The responding CIT Officer shall be responsible for:

(a) Conducting an assessment to determine whether the person should be handled as an emergency commitment;

(b) Providing transportation to the appropriate mental health facility or furnishing referral information;

(c) Preparing written application for admission of the person to the treatment facility. The application shall contain the peace or health officer's statement specifying the reasons for and circumstances under which the person was taken into custody. If danger to specific individuals is a basis for the emergency hold, the statement must include identifying information on those individuals, to the extent practicable. A copy of the statement shall be made available to the person taken into custody.<sup>4</sup>

(d) As far as is practicable, a peace officer who provides transportation for a person placed in a facility under this subdivision may not be in uniform and may not use a vehicle visibly marked as a law enforcement vehicle.<sup>5</sup>

2. If it is determined that the person does not meet the criteria for emergency commitment, the initial officer may:

(a) Release the person, if no criminal violation has been committed;

(b) Use other available referral services or release options;<sup>6</sup> or

(c) Place the person in jail, provided the officer has legal authority to do so.

### **MENTALLY ILL PERSONS REQUIRING MEDICAL ATTENTION**

Officers shall call EMS to treat and/or transport the person to a medical facility when a mentally ill person needs medical attention.

### **ARRESTS OF MENTALLY ILL PERSONS**

(a) At no time will a person apprehended experiencing a mental health emergency be placed in jail unless the individual has committed a:

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<sup>4</sup> See Minnesota Statute 253B.05(2).

<sup>5</sup> See Minnesota Statute 253B.05(2).

<sup>6</sup> In the future, this could include the 24-hour mental health drop-in site currently being created.

1. Felony offense;
2. Family violence offense;
3. DWI offense; or
4. Public intoxication offense.

(a) Arrests for public intoxication of persons who are also believed to be mentally ill should only be made when all other options have been exhausted (i.e., place with or transport to family, friends, or support groups).

(b) If a suspected mentally ill person is placed in jail, officers shall:

- (a) Advise the intake officers; and
- (b) Complete all paperwork required by Hennepin County; and
- (c) Bring the person to the jail nurse.

## **REPORTING PROCEDURES**

Employees responding to any incident involving mental health shall comply with the following reporting requirements:

(a) Responsibility

1. CIT officers responding to a scene shall complete the incident report. If the primary officer is not a CIT officer, that officer shall complete a supplement detailing his or her observations.
2. When a CIT officer does not respond, the primary officer shall complete the incident report.
3. When any incident involves a mentally ill person, no matter the disposition of the incident, the CIT or other primary officer shall complete a CIT Data Collection Form.<sup>7</sup>

(a) This form shall be reviewed by a supervisor who shall assess the appropriateness of any force used and the overall disposition of the case.

(b) This form shall then be submitted to the CIT Coordinator.

(b) This form does not replace the incident report which shall be completed in accordance with MPD Policy 4-600.<sup>8</sup>

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<sup>7</sup> Form completion currently included in MPD Policy 7-809.01 CRISIS INTERVENTION TEAM (CIT) DATA COLLECTION FORM, available in Appendix 3b, and the current required form is available in Appendix 3d. Recommended form fields are available in Appendix 2.

<sup>8</sup> See Appendix 3e.

(b) Guidelines

1. Officers completing an incident report shall:

(a) Use the appropriate EDP title code; and

(b) Not include any reference to the mental health of a person in a report synopsis that is available for public disclosure (e.g., "press release"). All such information shall be documented in the narrative section, as needed.

**TRAINING**

All CIT officers must complete the mandatory 40 hour CIT certification course. In addition to that initial course, all CIT officers, in order to retain their certification, must complete at least 8 hours of refresher training per year.