MINNEAPOLIS POLICE DEPARTMENT

SPECIAL ORDER

BY ORDER OF THE CHIEF OF POLICE

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TO: Distribution "A"			RETENTION DATE: Until Rescinded
SUBJECT: **Manual Revision – 7-803 Crisis Intervention**			APPROVED BY: *Chief O'Hara*

MP-8806

Introduction: This policy is being revised to require that a supervisor be notified and respond to the scene before members disengage from a person in crisis, and to incorporate more language about recognizing and responding to crisis situations.

Effective with the issuance of this Special Order, Section 7-803 of the MPD Policy and Procedure Manual shall be added as follows:

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) (08/23/25)

I. Purpose

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.

MPD and its members shall uphold the s~~S~~anctity of life (P&P 0-102)~~,~~ by striving to protect and preserve human life in all situations and keep the community and MPD members safe from harm~~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~~members with clear and consistent policies and procedures to recognize signs of crisis and appropriately interact with people in crisis. These procedures foster~~regarding interaction with people who are suffering from a crisis by~~:

- Improving the safety of people in crisis, ~~officers~~members, and the Minneapolis community~~.~~,
- Promoting community solutions to assist people in crisis~~,~~. ~~and~~

- Using all available resources to reduce or avoid 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 ~~those~~ people in crisis away from the criminal justice system.
- Using de-escalation techniques and tactics 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).

~~**II. Definitions**~~

[Moved to [IV]]

~~**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.~~II. Procedures/Regulations

A. Applying the Critical Decision-Making Model

To maximize the likelihood of positive outcomes in all situations members encounter, MPD has adopted the Critical Decision-Making Model (CDM). (P&P 7-801) Members responding to crisis situations should apply the following steps, which are encompassed in this policy's procedures:

1. Gather information.

2. Assess risks.

3. Consider authority to act.

4. Identify options.

5. Act, review, reassess.

The core of the CDM includes these principles:

- Sanctity of Life (P&P 0-102).

- Mission, Vision, Values, Goals (P&P 0-102).
- Procedural Justice (P&P 5-109).

These principles should be at the core of members' considerations and decisions in each step.

B. Recognizing Crisis Situations

MPD strives to safely resolve issues for those experiencing a crisis or mental health issue. Mental health conditions are similar to physical health conditions in many ways, as both can have biological causes, be multifaceted and complex, and require support and treatment.

A person's mental health can be 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, and people often manage their symptoms.

1. Contributing factors

The following factors can contribute to a crisis. These are not exhaustive lists, and a diagnosis is not required for a crisis response.

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

- Bloodshot, glassy or red eyes.
- Slurred, 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, mental health and neurological conditions. These include conditions such as:

- Autism spectrum.
- ADHD.
- Major depression.
- Acute anxiety.
- Bipolar.
- Schizophrenia.
- Post traumatic stress.
- Traumatic brain injuries.
- Medication side effects.
- Dementia or similar conditions.

- Sleep deprivation.

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

- Job or career.
- Relationships (break-up, death in the family, etc.).
- Financial situation.
- Lack of safe housing.
- Physical health.
- Previous traumatic experiences.
- Previous difficult or problematic experiences with police or other authority figures.
- 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 lead to difficulty regulating emotions, less clear or logical thinking, and 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, (from those around them or from reality).
- Signs of lack of self-control, which may include:

    - Extreme agitation.
    - Inability to sit still.
    - Difficulty communicating effectively.
    - Rambling incoherent thoughts and speech.
    - Clutching oneself or 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

Examples of why risk assessments are important include:

- Most people in crisis are not violent, but under certain circumstances 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 also cause harm to other people physically and psychologically.
- Jail does not generally help people with mental health conditions. Alternative response, community resources or transport holds may be more appropriate (see section [II-E] below).

Members should assess the potential danger to the person, the member, or others by usings indicators such as, but not limited to:

a. The person's access to weapons.

b. The person's statements or conduct 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, (such as over rage, anger, fright or agitation). This information may also come from the person's public social media.

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 appropriate).

~~A.~~C. Crisis Intervention Response

People in crisis need support. MPD aims to provide the most appropriate response to support the person, which could include routing to community or health-based resources.

~~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.~~

~~a. 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.~~

1. Collect and assess information

When responding to a crisis situation, members should make reasonable efforts to gather information to better understand the crisis and respond appropriately, 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 (such as the person's preferences, strengths, and interests, factors that led to the crisis, and examples of past effective strategies with the person).

c. Past incidents involving injury or harm to the person or others, including 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 to assist members.

g. Any other information that might assist in effectively assessing and peacefully resolving the situation using the least-intrusive measures.

2. Two-member response

When feasible, police response to a person in crisis call should have a two-member response.

3. Additional resources

If best to manage the response, members should consider requesting additional resources.

a. If the situation does not involve a weapon or threat of violence, or if the member otherwise determines that a Behavioral Crisis Response team (BCR) response would be appropriate, members should request that BCR respond to the scene (see [II-K]).

b. Members should consider requesting additional members as appropriate, however, members should be mindful that in some cases additional members could escalate the situation.

4. Be prepared for behavior changes

People affected by a behavioral health condition or crisis may rapidly change from being calm and responsive to physically active and agitated or non-responsive. This may result from an external trigger, such as hearing, "I have to handcuff you now," or from internal stimuli, such as delusions or hallucinations.

a. Members should be observant and prepared for a rapid change in behavior, however, such changes do not automatically indicate potential violence or threats.

5. Calm the situation

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

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

a. Be aware of how noise or the chaotic nature of the scene (such as police radio volume, lights and sirens) may impact the person's decision making, especially in incidents involving a heavy police presence.

   i. When feasible, members should attempt to remove things or people that appear to be upsetting the person or escalating the situation.

b. When possible, avoid physical contact and continue to take time and assess the situation using the Critical Decision-Making Model (CDM) (P&P 7-801). 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 likelihood of overwhelming the person and can help avoid the potential for conflicting commands.

   ii. Consider asking questions 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?".

   iii. Keep commands simple and concrete.

   iv. Consider rewording, varying or altering the commands. If the same command does not work the first few times (e.g., "get out of the car now"), it is unlikely to be successful, so consider varying it (e.g., "we want to ensure no one gets hurt so we need you to get out of the car").

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, unless unsafe to do so.

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

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

i. Members should not threaten the person with arrest or physical harm, as this may create additional fear, stress, and may unnecessarily escalate the situation.

j. Members should avoid or steer the conversation away from topics that seem to agitate or stress the person.

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

~~2.~~6. Inform person of steps being taken

a. When practical, ~~officers~~ 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 safe to do so, every effort should be made to explain why handcuffs are needed, and to explain the process. This can be a traumatic experience, and knowing in advance the reason why and what to expect can reduce trauma.

7. Offer resources

a. Members shall offer appropriate care, assistance, and resources to the person. This could include calling BCR when appropriate (see [II-K]).

b. Members shall provide the Community Resources List to the person in crisis or to supportive people who may be on-scene.

~~3.~~8. ~~Juveniles~~ Minors in crisis

a. ~~Officers~~ Members responding to a call involving a minor ~~person in crisis who find that a juvenile is~~ 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, ~~officers~~ members shall report the incident to Child Protection Services Intake at 612-348-3552.

9. Tactical disengagement

~~c. If the person in crisis is only posing a danger of harming self and not others, and is resistant to the transport hold,~~ In crisis situations, members~~officers~~ should consider whether continued contact with the person ~~in crisis~~ may ~~result in an~~cause unreasonable risk to the person, the public, or ~~officers~~members. ~~i. Officers~~ Members may choose to ~~strategically de-escalate or~~tactically disengage to avoid resorting to physical force, subject to these requirements:

[Moved from [IV-B-4-c]]

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 tactically disengage when the danger ~~to the person in crisis by~~of self-harm~~ing~~ 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.~~

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

ii. The notified supervisor 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 such as BCR ([II-K]) should be contacted to assist.

d. The supervisor and involved members shall document the tactical disengagements, the reasons supporting it, and the supervisor approval, in a Police Report.

10. Non-engagement

a. In limited circumstances, members may be aware of the identity and behavior of a person prior to contact, indicating the person is not currently a threat to others, and that police contact 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. For non-engagement, members should consider whether a non-law enforcement resource should be contacted to provide assistance, such as BCR ([II-K]).

d. The supervisor and involved members shall document the non-engagement, the reasons supporting it, and the supervisor approval, in a Police Report.

11. Use of force in crisis situations

If force becomes necessary, members shall follow the force guiding principles in P&P 5-301, including the requirement that force shall be objectively reasonable, necessary and proportional.

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.

~~B.~~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 hospital 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.

e. ~~In accordance with MN Statute section 253B.051, subd. 1, if~~ A~~a~~ peace officer or health officer may take the person into custody and transport the person to a hospital, only 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, 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~~ that both of the following apply:

- The person is b~~B~~elieved to have a mental ~~illness~~ health condition or developmental disability, or is b~~B~~elieved 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

- The person ~~I~~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. Members should consider their own observations first; however, the member ~~The peace~~ or health officer does not need to directly observe the behavior or other facts ~~upon which the~~justifying the transport~~ation~~ 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.

~~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.~~

[Moved to [II-C-9]]

~~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.~~

~~i. Officers should only consider using this technique when it is safe and prudent to do so.~~

~~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.~~

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 ~~police officer~~member responds to a health officer's call to ~~assist in~~ transport~~ing~~ a person, the member should verify that the health officer ~~should identify themselves to the police officers as~~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 with supervisor approval.

~~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.~~

i. ~~Officers also have the authority to sign a transport hold, based on the factors set out above.~~

~~d.~~e. The ~~police officer~~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 Ssubd. 1 and transporting the person to a ~~health care facility~~hospital for evaluation.

i. The form can be found on ~~City Talk~~ MPD's internal site under Forms.

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

iii. The ~~police officer~~member completing the form shall provide a copy of the completed form to all of the following:

- Tthe ~~health care facility,~~hospital.
- Tthe person taken into custody ~~and~~.
- ~~to~~ Tthe transporting agency, if the person is not transported by the ~~police officer~~member.

f. The member's statement shall specify the facts establishing the member's belief that both required elements are applicable.

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

~~e.~~a. ~~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.~~i. ~~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.~~i. ~~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.~~2. Transportation for ~~c~~Emergency ~~a~~Admission

a. People under a transport hold ~~Any necessary transportation for emergency admission~~ shall be taken to a ~~health care facility~~hospital (e.g. HCMC, Fairview Riverside, NMMC or Abbott).

b. All searches of a person ~~taken into~~in 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 hospital.

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

e. Members shall consider what the most appropriate method of transportation is, based on the situation.

i. The order of preference should generally be:

aa. EMS.

- EMS is especially preferred for transportation of a minor in crisis.
- ~~c.~~ If the person is combative, members shall call EMS to make the transport, ~~Officers are advised to request an ambulance to transport a combative person to the hospital.~~and ~~i. An officer~~ shall ride in the ambulance ~~during the transport of the combative person~~.
- If the~~a~~ person ~~in crisis~~ requires ~~a transport~~ physical medical attention (P&P 7-350), ~~but~~or is unable to walk ~~due to a medical or physical condition or other circumstances~~, ~~officers~~members shall call EMS to make the transport ~~the person to the medical facility~~.

ab. BCR, if appropriate for the circumstances.

ac. Unmarked and non-uniformed resources.

ad. Marked squad.

~~d.a. 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.~~

ii. Members should consider the person's preference regarding method of transport, as long as it would not present a safety issue.

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

iii. 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~~ members should use those to make the transport.

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

~~**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.~~1. ~~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.~~F. Handcuffing People in Crisis

1. During crisis situations, members may only use handcuffs in accordance with 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.~~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, prior to handcuffing, ~~use of handcuffs shall be explained~~members should explain why the person will be handcuffed and the steps in the process (P&P 5-305). Explanations should be tactful and age-appropriate (P&P 8-100), and should also be given ~~to the person being handcuffed and to the~~ to parents or family members (~~if present) in a tactful manner, using age-appropriate language for minors~~.

3. ~~Once the person in crisis is calm, under control and~~If a person in crisis is handcuffed, ~~officers~~ members shall keep the person under ~~constant~~ close observation ~~while in custody~~, and shall continue ~~with~~ using de-escalation techniques and tactics as necessary.

G. Avoiding Citations and Arrests

Members should avoid citations and arrests for people in crisis when appropriate, and aim to help people in crisis and divert them from the criminal justice system.

~~E.~~H. Reporting Procedures

~~Officers responding to any incident involving a~~For person in crisis calls, members shall ~~comply with the following reporting requirements~~complete reports as follows:

1. Reporting transportation for emergency admission

   a. When a person ~~in crisis~~ is involuntarily transported under ~~placed under~~ a transport hold ~~by MPD, and is involuntarily transported~~, the transporting ~~officer(s)~~members shall complete a Police Report ~~titled~~ including the code "CIC."

b. When MPD is the primary responding agency and determines that a transport by ambulance is necessary (see section [II-E-2] above), the ~~officer(s)~~members shall complete a Police Report ~~titled~~ including the code "CIC."

c. Members should a~~A~~void references to the mental health of a person in any report synopsis available for public disclosure. Members shall document ~~All~~ such information ~~shall be documented~~ in the nonpublic narrative section.

~~c.~~d. When MPD is not the primary responding agency, and the~~a~~ person ~~in crisis~~ is placed under a transport hold and is transported by ambulance (or means other than MPD), the ~~officer(s)~~members shall request that MECC change the nature code to "PIC" prior to clearing the call.

~~i.~~e. When ~~MPD officers~~members complete a transport hold requested by a health officer, the ~~MPD officers~~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. 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.~~2. Nature code

If an original incident (e.g. CKWEL, SUSPP, DIST) is later determined to ~~be an incident involving~~involve a person in crisis, ~~officers~~ members 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.~~a. ~~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.~~3. 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.~~I. 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~~members or a 72-hour hold placed by the treatment facility, before the hold period expires, ~~all related~~members who receive the notification~~s~~ from the facility shall ~~be~~ forward~~ed~~ it to the precinct supervisor ~~in the precinct where the person was taken into custody~~of the member who completed the transport hold. The supervisor shall review the case and make the determination regarding further actions.

~~G.~~J. Referral O~~o~~ptions

~~1.~~ Additional R~~r~~eferral 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.~~K. Behavioral Crisis Response (BCR) T~~t~~eams

MN Statute section 403.03 Subd. 1b requires that the 911 system include a referral to mental health crisis teams, where available.

1. BCR response

   When on duty and when safe to do so, BCR teams will ~~be responding~~respond to 911 calls ~~involving community members with mental health challenges~~with a mental health component. ~~The~~ C~~c~~alls for service are reviewed by MECC and ~~will be~~ routed to ~~the~~ BCR teams ~~via MECC only~~when appropriate. BCR does ~~They do~~ not have a crisis line~~;~~. t~~T~~hey ~~will be~~are 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 transport~~ation~~ hold.

3. Call types and screening

   a. When BCR teams are on duty, MECC ~~will~~ screens calls to determine if ~~they are appropriate for the~~ BCR response is appropriate. Such calls will ~~be designated by~~use the nature codes ~~of~~:

      - BCR (Behavioral Crisis Response).
      - ~~,~~and
      - BCRW (Behavioral Crisis Response Welfare).

b. If a BCR team is not on duty or is unavailable to respond, or if the call ~~circumstances~~ changes to requir~~eing the~~ sworn response ~~of a Crisis Intervention Trained Officer~~, MECC will change to the appropriate MPD ~~the~~ nature code ~~to the appropriate MPD nature code~~ ("PIC," "CKWEL," etc.) and will dispatch a squad. BCR teams will defer to responding ~~officers~~ members' instructions upon arrival.

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

~~d.~~c. In accordance with MECC protocol, a ~~Crisis Intervention Trained Officer~~sworn member must be dispatched to incidents involving a person~~people~~ in crisis who ~~are~~ is believed ~~to be mentally ill or developmentally disabled~~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 injury has occurred (example: someone has ingested pills, taken more than prescribed medication, alcohol, etc.).
- Situations involving physical intervention to secure safety~~,~~ (e.g.~~i.e.~~ someone on a bridge or ledge).
- When a BCR team is on-site and determines that the scene is unsafe.

III. ~~II.~~ Definitions

Behavioral Crisis Response (BCR) T~~t~~eam: The City of Minneapolis has established Behavioral Crisis Response (BCR) teams to respond to incidents of non-violent events involving a mental health ~~crises~~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 ~~are~~ may be threatened by behavioral health challenges, to include mental ~~illness~~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. ~~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~~a member to use appropriate de-escalation~~e~~ techniques and tactics to manage the crisis situation~~a person in crisis or~~, refer or divert the person to other services when appropriate, and ensure the safety of everyone involved.

~~**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.~~

CIC: The code, which stands for "crisis intervention call," used on a Police Report for situations involving a transport hold, and when a Police Report is completed in other situations involving a person in crisis.

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.~~

Critical Decision-Making Model (CDM): A tool that allows members to organize situational factors and inform their decisions as they respond to police incidents of all degrees of complexity. All sworn members are trained in using the critical decision-making model. (P&P 7-801)

De-escalation: Techniques and tactics to reduce the intensity of a situation. These strategies serve to increase the likelihood of voluntary compliance, minimize the need to use force, and uphold the sanctity of life 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 ~~disorder~~ condition ~~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.

Health Officer: Defined in 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 ~~Illness~~Health Condition: MN Statute Section 245.462, Subd. 20 defines mental ~~illness~~ 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 ~~illness~~ 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, which stands for "person in crisis," for a call involving a person experiencing a crisis event or situation (as defined in ~~this policy~~P&P 7-803).

Tactical Disengagement: ~~Disengagement is a~~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.

Transport Hold: When a peace officer or health officer takes a person into custody and the person is transported to a hospital for emergency admission and held until they are evaluated, under the authority from MN Statute section 253B.051, Subd. 1.