403.00 Responding to Individuals in Crisis

Goal:

This policy sets out the procedures and standards for responding to individuals with a mental health disorder or experiencing a mental health crisis. Individuals in mental health crisis will be treated with dignity, respect and given access to the same law enforcement, government, and community resources provided to all community members.

Response:

1. Respond promptly and safely.
2. Avoid conditions that would necessitate the need for red lights and siren.

Arrival:

1. Evaluate the situation and your options for addressing the call.
2. Take action to protect yourself and others present, including the individual in crisis.
3. If possible, get all information available through witnesses, family and others.
4. Establish communication with the individual.
5. Consider the legal situation.
   A. Is the individual a danger to themselves or others if not immediately detained?
   B. Is there probable cause, based on demonstrable fact or testimony that would support a criminal charge?

Diversion from Jail:

Individuals with a mental health disorder, or in a mental health crisis, may have encounters with law enforcement for petty misdemeanors, misdemeanors and non-violent felonies. When possible, those persons may be better served by jail diversion, which can include the following:

1. Issuing a verbal warning;
2. Giving a citation for misdemeanors;
3. Submitting a report for investigative unit follow up or out of custody charging;
4. Transporting the person to a medical facility either voluntarily or involuntarily pursuant to Minnesota Statute 253B.05 (see General Order 403.50 Transport Holds); and/or
5. Tactical non-engagement or disengagement.

Officers should determine whether diversion is appropriate based on the totality of the circumstances, including the severity of the crime, the perceived connection between the mental health disorder or crisis and the criminal conduct, and whether the officer believes the individual will be better served by one option more than another. In the event an officer takes action to divert an individual with a mental health disorder or experiencing a mental health crisis, the officer may write a Crisis Response Report documenting their actions and reasons for their actions. The details documented in this Report will assist the COAST Unit with appropriate follow up with the individual in crisis. Whether a report is written or not, the information filled out in the CAD

close out screen will inform the COAST Unit of the basic details of the call. The CAD close out screen will be mandatory for the Primary Unit on the call.

Assessing Risk

Not all people affected by a mental or behavior health disorder, or who are in mental or behavioral health crisis, are dangerous. Some may present dangerous behavior only under certain circumstances or conditions. Officers should assess whether someone may be a danger to themselves, the officer, or others by considering the following:

- The person's ability to access weapons;
- The person's statements, conduct or inferences that suggest the person will commit a violent or dangerous act;
- The person's history, which may be known to officers, the COAST Unit, family, friends or a neighbor's indications that the person lacks self-control, particularly lack of physical and psychological control over rage, anger, fright or agitation. Signs of lack of self-control include extreme agitation, inability to sit still or communicate effectively, wide eyes and/or rambling incoherent thoughts and speech, clutching oneself or other objects to maintain control, begging to be left alone. Offering assurances that one is all right may also suggest that the individual is losing control.
- The volatility of the environment. Agitators who may upset the person, create a less stable environment or incite violence should be carefully noted and controlled.

An individual affected by a mental or behavioral health disorder or crisis may rapidly change his or her conduct 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 an officer who states, "I have to handcuff you now,") or from internal stimuli (such as delusions or hallucinations). Variations in a person's demeanor or conduct does not mean they will become violent or threatening. Officers should observe, and be prepared at all times, for a rapid change in behavior.

The Violent Individual in Crisis:

To prevent injuries to responders, the individual in crisis and bystanders:

1. Individuals in crisis should be addressed medically rather than criminally if possible. If transported by ambulance, an officer may follow or accompany the ambulance crew for safety. Transport by ambulance is the preferred method; however, in some cases police transport may be necessary.
2. Use the minimal amount of force necessary to assist in getting the individual in crisis to the ambulance or to the responding ambulance crew if the situation dictates.
3. If necessary, summon assistance.
4. Take appropriate action per department procedures.

A situation where an individual in crisis is apparently agitated but not violent requires thoughtful action:

1. Confirm that the individual is unarmed and does not have access to weapons.
2. Reduce fear, anxiety and tension in the individual by slowing things down.
   A. Avoid any show of force.
   B. Try to establish a friendly or understanding relationship with the individual.
   C. If possible, determine whom they trust or have faith in and summon that individual to the scene.
      i. Clergy
      ii. Physician
      iii. Relative or friend
3. Practice patience by slowing things down.
4. Do not make statements as to your opinions regarding the individual's mental state.
5. Consider calling a supervisor.

Barricaded individuals in crisis present particularly dangerous situations:

1. Slow things down.
2. Determine if a crime has been committed and whether the individual in crisis poses an immediate threat to themselves or others.
3. Call a supervisor.
4. Attempt to determine if the individual has weapons available.
5. Protect yourself and bystanders.
6. Attempt to establish communication with the individual.
7. Utilize appropriate resources based on the situation to include back-up officers, emergency medical services, clergy, crisis intervention trained officers, crisis/hostage negotiators and SWAT (if the level of crime or threat assessment deem necessary).
8. RRA should be used only when necessary and if there is no reasonably effective alternative. (See General Orders 246.00 and 246.01).
   A. Consider lower-level responses to resistance and aggression, including non-lethal and less-lethal techniques.

Non-violent Individuals in Crisis cases:

1. You may be sent to a call for an individual in crisis where their family or friends are present.
2. Slow things down.
3. Determine if a crime has been committed and whether the individual in crisis poses an immediate threat to themselves or others.
4. If no emergency appears to exist, suggest other remedies available such as: probate court, medical care, social services: community, family or church groups.

Remember, it is not a crime for an individual to be in crisis. Assist by providing direction and guidance. The details will be documented in the CAD close out screen. You may also choose to document the details of the incident in the Crisis Response Report. This information will be reviewed and assessed to determine appropriate follow up by the COAST Unit.

Tactical Non-Engagement
In limited circumstances, officers may be aware of the identity and behavior of an individual before making contact that indicates that the individual is not currently a threat to others and that contact with law enforcement would not be helpful, but may only serve to escalate the situation. In these circumstances, a patrol supervisor for the incident may approve non-engagement. The patrol supervisor will report non-engagement decisions to the watch commander or patrol commander for this incident.

Tactical Non-Engagement –Community Outreach and Stabilization Unit (COAST) Referral
A supervisor will notify the watch commander or patrol commander for the incident of their recommendation and will develop a plan to contact the person at a different time or under different circumstances. This plan for future contact must be referred to the COAST Unit as soon as reasonably possible and by the end of the supervisor's shift.

Transportation:

Officers should consider the individual's wellbeing, needs, and cooperation when determining transportation methods and destination facilities. The preferred method of transporting an individual to a medical facility is by ambulance. However, officers retain discretion to provide alternative transportation as some individuals experiencing a mental health crisis may feel more comfortable with police services. The overall wellbeing and cooperation of the individual should be considered in making this determination.

Likewise, the officer can use discretion when determining the best medical facility for the individual after considering factors including the attending physician and previous hospital stays should those factors be known to the officer. An individual between the ages of 12 and 17 must be taken to a facility that has adolescent psychiatric services such as United Hospital or Fairview Riverside. An individual under the age of 11 must be taken to a facility that has children's psychiatric services such as Children's Hospital or Fairview Riverside. Officers may also consider if the individual is elderly or geriatric; United Hospital offers specialty services to this group.

Procedures for requesting clearance to a medical facility:
Officers must obtain permission to place an individual at a medical facility through the Ramsey County Emergency Communications Center's (ECC) Data Channel prior to transportation. The ECC will contact the East Metro Regional Communications Center (MRCC) which is the metro-area medical dispatch center. Data will require the following information:

1. Name of the individual (if available)
2. Date of birth (if available)
3. If the person is cooperative
4. Preferred medical facility

5. Estimated time of arrival (ETA)

If officers are aware of a stayed civil commitment order that requires the individual to be treated at a specific medical facility, they should relay that information to the ECC at the time of the request. Medical facilities may be on a divert status, which allows them to defer any incoming patients to another medical facility. However, if a stayed civil commitment order exists, the medical facility must accept the individual.

If EMS transports the individual in crisis, clearance to a medical facility will be managed by the ambulance crew. Any special circumstances should be passed along to the Fire Captain or Firefighter in charge of the unit on scene.

In rare cases where the officer transports the individual in crisis, upon arrival to the medical facility, the officer will turn the individual over to medical staff. In cases where the individual is uncooperative, the officer will be expected to place a transport hold on the-individual (see General Order 403.50 Transport Holds).

A reasonable amount of time for the intake process is approximately 20 minutes. Federal law states that any person in need of care on the hospital campus is the responsibility of the hospital once they are turned over to the hospital staff. You are not obligated to assist in securing, guarding or moving the patient.

Report:

1. If the individual is transported in connection with the commission of a crime (whether the individual is the suspect or victim), normal procedure will be followed.
2. All responses to resistance or aggression during arrest or transport must be documented according to General Orders 246.00 and 246.03.

CAD Close Out Screen:

1. All incidents categorized as Person in Crisis or Suicide In Progress in CAD, must have the close out screen filled out by the Primary Unit.
2. If the Primary Unit would like to write a report for further information, they will still need to fill out the close out screen.
3. If it is determined during the course of the call that the call type is not a Person In Crisis or Suicide In Progress, the call type may be changed appropriately.

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