
Purpose

Significant numbers of people in the United States are affected by mental illness and substance use disorders. This combined with limited funding for services and treatment has left law enforcement officers facing expanded responsibilities for addressing mental illness and responding to those in crisis. This policy establishes guidelines for officers responding to mental health crisis situations. However, because of the wide variation in circumstances and the unpredictable nature of human behavior, it will be necessary for officers to rely on their professional judgment and training to assess situations and determine an appropriate course of action:

I. Policy

It is the policy of the Bemidji Police Department to provide compassionate, professional, and effective responses to persons experiencing a mental health crisis. Responding officers shall strive to protect the safety of all concerned while respecting the rights and dignity of those in need of service.

II. Definitions

The following phrases have special meanings as used in this policy:

- A. **Emergent danger:** An emergent danger is one that can be expected to play out in the not-too-distant future unless action is taken. A danger need not be immediate or imminent to be emergent.
- B. **Mental Health Crisis:** A situation in which an individual's coping mechanisms are overwhelmed, causing them to have an extreme physical, emotional, or behavioral response. A mental health crisis could arise in connection with a person's mental illness, personality disorder, intellectual disability, drug or alcohol use, traumatic brain injury, or extreme circumstances that are beyond the person's capacity to manage.
- C. **Mobile Crisis Response Team (MCRT):** A team of mental health professionals and practitioners who provide psychiatric services to individuals within their own homes and at other sites outside the traditional clinical setting. When available, these teams will work to assess the individual, resolve crisis situations, and link persons in crisis to needed services with the goal of providing these services in the least restrictive setting. State laws regulate these teams and impose standards on the services they provide.
- D. **Crisis Negotiations Team (CNT):** A team of Law Enforcement and Law Enforcement support personnel trained in crisis negotiations and often deployed along with a Special Weapons and Tactics (SWAT) team. CNT teams often will be deployed to utilize crisis response strategies in areas of higher risk levels and necessary to coordinate Law

Enforcement efforts to minimize risk to the person in crisis, responders, and the public. The Headwaters Crisis Negotiations Team is the designated CNT team for this policy.

- E. **Person in crisis:** An individual who is experiencing a mental health crisis.
- F. **Transport hold:** A legal mechanism under the Minnesota Commitment and Treatment Act, Minnesota Statutes, § 253B.051, that authorizes peace and health officers to bring people into custody and transport them to a care facility for emergency evaluation and treatment.
- G. **988 Suicide & Crisis Lifeline:** A network of local- and state-funded crisis centers located across the United States. Calls to 988 are routed to crisis centers based on area code, to local counselors who are familiar with the resources in their area.

III. Priorities and Objectives

Providing for the safety of all concerned is a constant, overarching priority when responding to mental health crisis situations. Officers should exercise special care when interacting with individuals with known physical, mental health, developmental, or intellectual disabilities as an individual's disability may affect the individual's ability to understand or comply with commands from peace officers. Minnesota Statutes, § 609.066, subd. 1a(4). Officers should also demonstrate respect and compassion toward the person in crisis and their family and significant others. Other priorities may vary by situation. To the extent feasible, officers should:

- A. Use communications and crisis intervention skills such as active listening to reduce tension, build rapport, and gain voluntary cooperation from the person in crisis.
- B. Use strategies and tactics to limit opportunities for the person in crisis to escalate the situation. These may include, for example, containment, eliminating access to weapons, and maintaining distance and cover.
- C. Use only the type and degree of force that is reasonably necessary under the circumstances, after efforts to achieve voluntary compliance have failed, appear futile, or when taking time to attempt such measures would involve unreasonable risk.
- D. Strive to bring the crisis to a resolution such that the person is stable and safe, or provide for the imposition of a transport hold.

IV. Mobile Crisis Response Teams and Crisis Negotiations Teams;

A MCRT and/or CNT may be dispatched to a mental health crisis at the request of law enforcement, through 911, or through a 988 Suicide & Crisis Lifeline.

- A. Officers may request a MCRT/ CNT for any mental health crisis situation where the officer believes the team(s)' involvement would be helpful. In determining whether to request a MCRT/CNT officers should be mindful of the team's availability and response time.

- B. MCRT/CNT members generally have more advanced training than peace officers in managing persons in crisis and assessing persons for risk. Accordingly, it will often be appropriate for officers to defer to MCRT/CNT determinations as to strategies for de-escalation and resolution, and whether the person in crisis poses a threat to self or others. Nevertheless, officers may respond as appropriate to any circumstances reasonably perceived as creating an immediate threat to officers or others.
- C. Officers should remain on the scene with MCRT/CNT members until the team communicates to officers that they are no longer needed.

V. Referrals to Services

Many persons whom officers encounter in crisis situations have unmet needs for mental health and other services and treatment. An important strategy for improving their quality of life and reducing their repeated involvement in crisis situations is to link these individuals with needed services and treatment.

- A. Following the response to a crisis event when it is deemed reasonable that the subject is in need of services, Officers shall route copies of all mental health crisis reports to Beltrami County Health and Human Services. Officers will assist Beltrami County Health and Human Services in rendering services as needed.

VI. Response, Discretion and Disengagement

Officers must rely on their experience, training, and professional judgment to assess the existing and potential risks involved in a mental health crisis situation and then gauge their response and level of involvement accordingly. It may be appropriate in some circumstances for officers to terminate their involvement in a crisis situation before it is resolved.

- A. Officers should respond to MHC calls promptly and without unreasonable delay.
- B. Officers should prioritize calls from MCRT members, EMS personnel, or others who credibly report that a situation involves an immediate threat to life or safety.
- C. In some circumstances, officer presence at the scene of a crisis could have a detrimental effect, such as by inflaming a particular individual or adding to the stigma experienced by a child or adolescent in a school setting. When a detrimental effect is anticipated and there is no known immediate threat to the safety of the person in crisis or others:
 - 1. Officers may elect to monitor the situation from a distance or stage in the vicinity pending further information.
 - 2. Officers should respond promptly if requested by on-scene MCRT members, school support personnel, EMS personnel, or other co-responders.
- D. Where it reasonably appears from the circumstances that officers cannot make face-to-face contact with a person in crisis without a risk of significant escalation or injury, it may be appropriate for officers to disengage. Officers may remain at the scene and

attempt contact with the person in crisis by phone or other remote means. Before departing from the scene, officers should provide for the safety of bystanders and others and request other professionals to attempt contact with the person in crisis.

VII. Transport Holds

Transport holds may only be imposed as authorized by the Minnesota Commitment and Treatment Act, Minnesota Statutes, § 253B.051, and the Fourth Amendment. In general, to impose a transport hold, an officer must have reason to believe that the person has a mental illness, developmental disability, or is chemically dependent or intoxicated in public. In addition, an officer must have probable cause to believe the person poses an emergent danger to self or others. The following guidelines also apply:

- A. Officers may rely on a health officer or examiner's written statement in compliance with the requirements of Minnesota Statutes, § 253B.051, subd. 2, as a basis for taking a person into custody and transporting them to a care facility.
- B. An officer imposing or facilitating a transport hold may request Bemidji Ambulance Service, if available, to transport the person to a care facility.
- C. As far as practicable, officers should be in plain clothes and use an unmarked vehicle when driving persons to a care facility on a transport hold.
- D. Officers making application to admit a person to a care facility shall cause a copy of the application to be retained and submitted for filing with the report concerning the matter.

VIII. Reports;

The primary officer assigned to a mental health crisis call shall ensure that a written report is completed on the incident. If more than minimal force (for example, more than an escort hold or the placement of handcuffs) was used, the report shall detail the time and efforts devoted to de-escalating the situation and obtaining the person's voluntary compliance before force was utilized. If a transport hold was imposed, the report should identify the facility to which the person was taken and include a copy of the application for admission completed by the officer, or the health officer or examiner's written statement.

IX. Training;

All officers will complete mental health and crisis intervention and safe interactions with persons having autism training as required by law, Minnesota Statutes, § 626.8469.

X. Record keeping Requirements

The chief law enforcement officer shall ensure the agency maintains records of compliance with the crisis intervention and mental illness crisis training requirements of Minnesota Statutes, § 626.8469.

XI. Reference or Revision Dates;

- A. League of Minnesota Cities– Model Policy November 2022
- B. REVISION DATE(S): 04/13/2023