



Policy 333: Response to Mental Health Crisis Calls

PURPOSE

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.

POLICY

It is the policy of the Lakeville 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.

Order 333.1 DEFINITIONS

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

Embedded Crisis Response Social Worker: A social worker from Dakota County Crisis, who is housed out of Lakeville Police Department on a part-time basis and assists officers dealing with in-progress mental health crisis calls.

Embedded Social Worker: A social worker from Dakota County Social Services, who is housed out of the Lakeville Police Department and assists officers and the Mental Health Team with follow up for ongoing mental health related concerns with an individual.

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.

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.

Mental Health Team: A team of licensed peace officers, who are CIT (Crisis Intervention Team) certified and follow up with individuals who patrol has had contact with while in crisis. The goal of the team is to connect with these individuals when they're no longer in crisis, build a rapport, provide support and resources for the patient and family.

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Person in Crisis: An individual who is experiencing a mental health crisis.

Transport Hold: A legal mechanism under the Minnesota Commitment and Treatment Act, MSS 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.

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.

Order 333.2 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 their ability to understand or comply with commands from peace officers. (MSS 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:

- Use communication and crisis intervention skills such as active listening to reduce tension, build rapport, and gain voluntary cooperation from the person in crisis.
- 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.
- 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.
- 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.

Order 333.3 Embedded Crisis Response Social Worker

The Lakeville Police Department has a part-time embedded social worker from Dakota County Crisis. This person is housed inside the police department on a part time basis.

The Embedded Crisis Response Social Worker may assist officers with an in-progress crisis call. When the scene is deemed safe, the officer may call on the social worker to respond to the scene. Typically, if the social worker is called to the scene, it is to assist with de-escalation, providing an alternative point of contact and coming up with a more strategic solution for the person in crisis, using multiple resources.

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Order 333.4 Embedded Social Worker

The Lakeville Police Department has a Embedded Social Worker from Dakota County Social Services. Their role is to follow up with requests officers have made; to contact those in crisis, post-crisis or in need of resources. They will work with the Mental Health Team to conduct follow up on recent mental health related calls.

If there's an ongoing issue with a subject(s) in the community, where police are continuously called and mental health is an underlying factor, we use this social worker to assist us in facilitating a long-term plan to reduce the police contacts.

Order 333.5 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.

- Officers should, as appropriate, route copies of mental health crisis reports to the Embedded Social Worker for follow up.

Order 333.6 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.

- Officers should respond to MHC calls promptly and without unreasonable delay.
- Officers should prioritize calls from professionals who credibly report that a situation involves an immediate threat to life or safety.
- 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:
 - Officers may elect to monitor the situation from a distance or stage in the vicinity pending further information.
 - Request Dakota County Crisis to make phone contact first and advise if police response is needed
 - Officers should respond promptly if requested by on-scene by school support personnel, the SRO, EMS personnel, or other co-responders.

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.

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- 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 consider the safety of bystanders and others and request other professionals to attempt contact with the person in crisis.

Order 333.7 Transport Holds

Transport holds may only be imposed as authorized by the Minnesota Commitment and Treatment Act, MSS 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, the officer must have probable cause to believe the person poses an emergent danger to self or others. The following guidelines also apply:

- Officers may rely on a health officer or examiner's written statement in compliance with the requirements of MSS 253B.051, subd. 2, as a basis for taking a person into custody and having them transported to a care facility.
- An officer imposing or facilitating a transport hold may request responding medics to transport the person to a care facility.
- Officers making application to admit a person to a care facility shall keep a copy of the application (transportation hold) to be retained and submitted for filing with the report concerning the matter.

Order 333.8 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 (transportation hold) completed by the officer, or the health officer or examiner's written statement.

Order 333.9 Training

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

Order 333.10 Recordkeeping Requirements

The Professional Standards Lieutenant shall ensure the agency maintains records of compliance with the crisis intervention and mental illness crisis training requirements of MSS 626.8469.