

MINNESOTA DEPARTMENT OF PUBLIC SAFETY



Office of the Commissioner

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The Honorable Tom Workman, Chair
The Honorable Alice Hausman
House Transportation Policy Committee

Dear Members:

Pursuant to Minnesota Session Laws 2001, 1st Special Session, Ch. 8, Article 5, Section 17; attached is the report to the legislature regarding model program pilot projects in the area of responding to calls involving emotional crises and mental illness.

Please contact me if you have any questions or comments regarding the report.

Sincerely,

Charlie Weaver
Commissioner

cc: Governor Jesse Ventura
Chief Clerk of Court
Secretary of Senate
Legislative Reference Library

2001 Minn. Laws First Spl.
Sess. Chap. 8 Art. 5 Sec. 17

**A Report to the Legislature
MN Stat. 626.8441
Responding to Calls Involving Emotional Crisis and
Mental Illness
Model Program Pilot Projects
January 11, 2002**

Background

Under MN Session Laws 2001, 1st Special Session Chapter 8 Article 5, the Legislature appropriated \$150,000 for the creation of model program pilot projects in the area of responding to calls involving emotional crises and mental illness. Under MN Stat. 626.8441 Subd 2, the Community Mental Health Peace Officer Advisory Board was also created to advise the Commissioner of Public Safety on the model policing programs and related areas of concern for persons with mental illnesses, peace officers, and the public.

Initial Implementation

During the Summer of 2001, the creation of the board was announced and a request for proposal for grant funds was issued. Notices of vacancies for board membership and grant fund proposals were solicited in a number of ways including the following:

*Various State web sites postings (Public Safety, S.A.F.E. and Secretary of State's State Register announcement
Broadcast fax to all chief/ sheriff law enforcement officers
Notice to all appointing agencies*

Commissioner Charlie Weaver, Department of Public Safety appointed the following members to serve on the advisory board with a term expiration for each member of June 30, 2003:

<i>Linda Myhre</i>	<i>Eagan Police Dept.</i>	<i>Licensed Peace Officer Member</i>
<i>William Lewinski</i>	<i>MSU-Mankato</i>	<i>Law Enforcement Educ. Member</i>
<i>Sandra Meicher,</i>	<i>Mental Health Assn of MN</i>	<i>MH Assn of MN Member</i>
<i>Timothy Dann</i>	<i>Waseca County Sheriff</i>	<i>MN Sheriff's Assn Member</i>
<i>Tom Peterson,</i>	<i>MH Consumer Survivor Ntwk</i>	<i>MHCSN Member</i>
<i>James Frank</i>	<i>Washington County Sheriff</i>	<i>MN Sheriff's Assn Member</i>
<i>Desiree Toninato</i>	<i>Coon Rapids Police Dept.</i>	<i>Licensed Peace Officer Member</i>

Kellie Miller	ELM Homes	Mental Health Provider Member
Dennis Conroy	St. Paul Police Dept.	MN Chiefs of Police Assn Member
Paul Heyl	SW Mental Health Consortium	SWMHC Member
Eric Johnson	Minneota Police Dept. Chief	MN Chiefs of Police Assn Member
Stephen Coleman	NAMI, Metro State University	NAMI Member
Patricia Siebert	MN Disability Law Center	Public Member
Vacancy	Mental Health Professional Member	

Proposal Review

The Board met on November 9, 2001, to review proposals received in response to the request for proposal and make funding recommendations to the Commissioner. Proposals were received from the Lakeville Police Department and Minneapolis Police Department for a total combined request of \$151,200. After reviewing each proposal and extensive discussion, the Board agreed to recommend that the Commissioner fund neither of the proposals and instead re-issue the request for proposals with certain modifications. The request for proposal was re-issued on December 3, 2001 with an application deadline of January 25, 2002.

Latest Developments

On January 10, 2002, Governor Ventura announced that in response to the budget crisis being faced by Minnesota government that these grant funds as well as other funds, would be unappropriated. The Board will meet again in February, 2002 to begin discussions regarding their remaining role to advise Public Safety on other areas of concern to person with mental illness, law enforcement and the public. Notice of the withdrawal of these grant funds will be posted in the State Register as well as various websites. Past applicants and others who have contacted Public Safety regarding these funds will also be notified. Please note that as these pilot projects will not be funded, this report represents the final report to the legislature required under MN Stat. 626.8441.

Attachments

Attached are the following:

- Initial Request for Proposal Published in August, 2001*
- November 9, 2001 Board Minutes*
- Board Membership Listing*
- Re-Issued Request for Proposal, December 3, 2001*

For Further Assistance

Please contact Laurie Beyer-Kropuenske at (651)284-3321 or laurie.beyer-kropuenske@state.mn.us with any further questions.

Community Mental Health Peace Officer Advisory Board Meeting Minutes of Friday, November 9, 2001

Board Members Present

Linda Myhre, Eagan Police Dept.
William Lewinski, MSU-Mankato
Sandra Meicher, Mental Health Assn of MN
Timothy Dan, Sheriff, Waseca County
Tom Peterson, Mental Health Consumer
Survivor Network
James Frank, Sheriff, Washington County

Desiree Toninato, Coon Rapids Police Dept.
Kellie Miller, ELM Homes
Dennis Conroy, St. Paul Police Dept.
Paul Heyl, SW Mental Health Consortium
Eric Johnson, Minnesota Police Dept.
Stephen Coleman, NAMI, Metro State
Patricia Siebert, MN Disability Law Center

Non-Board Members and Staff Present

Dee Dodge, P.O.S.T. Board
Debi Edwards, DPS

Laurie Beyer-Kropuenske, DPS
Neil Melton, P.O.S.T. Board

Introductions

Laurie Beyer-Kropuenske opened the meeting with introductions, asking all present to state their name and which group they were representing.

Legislative Background and Mission

Since some Board members were involved in writing the legislation, Laurie Beyer-Kropuenske began the discussion by asking for those members to describe their vision for the Board and what they hoped to achieve.

- *Officer and Citizen Safety*

Patricia Siebert: Our office [the MN Disability Law Center] has had experience with clients who were killed, injured, or scared by the police. We want to make a better situation for both police and the mentally ill. How can the community help police diffuse these situations? Worked with Rich Stanek on this issue.

Jim Frank: Everyone agrees something went wrong when someone dies. But we need to identify what the problem is. Police are looking at liability concerns and officer safety. The number of incidents that are happening is just a small percentage of those cases where officers would have been justified in using deadly force.

Laurie Beyer-Kropuenske: Get people the help they need before law enforcement has to deal with it and they get hurt or hurt someone else.

- *Training for both police and mental health professionals*

There was general agreement that training is a good starting point but not the total solution. Mental health training should be available at police academies and on an ongoing basis for licensed peace officers. Professor Bill Lewinski expressed disappointment that the mandate for in-service P.O.S.T. Board training was removed from the legislation, but acknowledged that the requirement may not be necessary since cops are concerned about the liability issue. Laurie Beyer-Kropuenske commented that there are already so many P.O.S.T. requirements that it's difficult to get law enforcement to go to additional training along with the overtime cost issue. A number of members countered that they have had extremely good turnouts for training on this

topic. Neil Melton of the P.O.S.T. Board and other law enforcement board members are opposed to the training being mandated, but they are interested in making crisis intervention training available on a voluntary basis. Law enforcement feels it would be cost-effective for the P.O.S.T. Board to take the lead in developing a curriculum that could be shared statewide but adapted to local needs. Since the overtime cost for training has been a problem in the past, one suggestion was to do roll-call training in ten-minute segments.

The Board acknowledged that police are not the only ones who need training. Mental health providers also need training to understand how the police respond to situations and what types of cooperation could be helpful to law enforcement.

Kellie Miller said she could provide officer training at mental health conferences she is involved with, and Tom Peterson decided that for the September consumer conference (if funded) he will include a session on what this Board is accomplishing.

Dennis Conroy: Every police officer should have a basic understanding of mental illness.

Jim Frank: Mental health professionals also need to understand what the police responses are.

Sandra Meicher: There is a need to broaden education and training to increase sensitivity of peace officers and make sure they know what resources are available in the community.

William Lewinski: Should police know what the obligations are of mental health professionals?

Desiree Toninato: Training must be useful to police, not just what the disorders are but how to talk to someone having an incident. Break into smaller groups for role-playing.

William Lewinski: NY State has video clips of the disorders, how to document behavior.

Linda Myhre: P.O.S.T. Board should have regional trainings and invite police and mental health professionals.

Neil Melton: Many police departments in Minnesota are very small and there is a lot of turnover, so training needs to be ongoing.

Kellie Miller: Mental health boards should interview police panels.

- *Collaboration/Improved service delivery systems*

The Board agreed that to make a long-term impact on the problem, service delivery systems need to be improved. Building collaborative relationships between mental health professionals and police was emphasized, as well as receiving input from consumers of mental health services. Laurie Beyer-Kropuenske also encouraged the Board to think about how this group itself could collaborate more.

William Lewinski: Once collaboration is established, ongoing training can occur without a great deal of cost.

Tom Peterson: From the models in Memphis and Minneapolis, we see that we need more than just training. There needs to be changes in the way we work with people. Officers should receive special duties as a result of the training.

William Lewinski/Timothy Dann: There is also the issue of police officers having to wait 2-3 hours in ER, need to speed up the process.

Patricia Seibert: Hennepin County CIT Program realized they hadn't communicated with the crisis intervention centers.

- *Discussion of Placement and the Liability Issue:*

Linda Myhre: Would like to have mental health resource that police could call when mental

health consumers are encountered - before things escalate.

Patricia Siebert: Mental health center may not be able to put a hold on the person, but that doesn't mean they can't do anything.

Timothy Dann: Who do you get hold of at 2:00 AM? Can't take them to jail when they're suicidal, we don't have the personnel for a suicide watch. What we are looking for is placement.

Patricia Siebert: Some crisis teams go to the person's home so they wouldn't have to go anywhere.

Timothy Dann: What about the liability issue? You can't always read people. Police officers and even psychologists sometimes misread a situation.

Jim Frank: Pay now or pay later with a lawsuit. We used to be able to put a 72-hour hold on people. If this person has committed no crime, it's not really our job/role, we're just the only one who answered the call.

Dennis Conroy: Again, we are talking about a service delivery system. These funds should be seed money. Situations can change quickly. A psychotic person may be fine by the time they get to the hospital, they get released, and then get killed three hours later.

- *Innovative Programs Tailored to the Local Community*

Rural and urban areas have different needs, so the Board would like to see programs that are specifically tailored to a local community. Although acknowledging that training is beneficial, the board is seeking unique, proactive strategies.

Neil Melton: Money often goes to a university, who develops a "one size fits all" model.

Jim Frank: There is some basics information but the application in your own community should be unique.

Dennis Conroy: Rather than funding isolated programs in police departments, the grants should develop something that is a resource that could be tailored to each department.

Tom Peterson: Highlighted a training that cost \$5000 for one 2-hour training session for 60 police officer, which included a consumer and a psychologist. Training was tailored to the needs of that particular community.

Paul Heyl: Would like to see a model for a rural setting. Only 18,000 people in my county but the geographical area is larger than the metro.

Obstacles to Overcome

- *Reduced funding*

Many board members expressed disappointment that the funding was cut by the legislature from several hundred thousand dollars down to \$150,000. Laurie Beyer-Kropuenske pointed out that a match requirement was not included in the legislation, but explained that the RFP could state, "Preference will be given to grantees demonstrating a capacity to sustain."

Opinions varied as to how to address the limited funding problem:

Sandra Meicher: Not enough funds for whole state, just enough to fund a couple good models.

Jim Frank: I believe this could be done without a lot of money. Develop curriculum models that can be shared.

Timothy Dann: This could be done through the POST Board at lower cost.

Dennis Conroy: Resend the RFP to encourage more, smaller grants.

- *Barriers of understanding between police and mental health professionals*

The Board admitted that there are a number of barriers to collaborations between police and mental health providers. Each group feels the other group is different and doesn't understand their viewpoint and concerns.

Sandra Meicher: Hadn't realized everything a police officer goes through after a shooting. Realized that there is common interest in getting more information and working together.

Jim Frank: The term "Consumers of mental health services" can be confusing to those outside of the mental health field who are more accustomed to client or patient being used.

Sandra Meicher: What we don't understand we fear. One in five have mental illness during the year. Better treatments, better drugs available now.

Jim Frank: Most people with mental health problems are alone. The police are the only ones they can call. Those conversations that have not been had don't cost a lot of money [referring to communication between law enforcement and mental health providers].

Re-issuing the Request for Proposal

The Board decided to advise the commissioner to re-issue the RFP. The original RFP was out 45 days, from August to mid-October. Sheriff Dann thought it was not enough time to respond. Laurie Beyer-Kropuenske said some grantees like to see all RFP's come at once, but it seems that law enforcement did not. (Many more applied for racial profiling grant.) In response to questions, Laurie explained that the RFP was posted on two State-web sites, in the State Register, and sent to every sheriff's office and police department. The Board felt that this was not sufficient and suggested a number of other ways to get the word out and agreed to assist in publicizing the RFP.

- Send the RFP to mental health providers
- Put a notice in police and mental health newsletters
- Announce at Chiefs and Sheriff's conferences and the Police Association meeting

Board members wanted to have input on the wording of the RFP to include:

- Requiring community collaboration
- Specifying that equipment needs to support a collaborative effort (example: mental health 24-hour cell phone)

Sandra Meicher asked if some money could be held back and used to give out information about results. Laurie Beyer-Kropuenske said it may be possible and that she would check.

Summary: Laurie Beyer-Kropuenske will email a new draft of the RFP to the Board. Once the revised RFP is approved, Board members will pass it on to newsletters and mental health providers.

Conclusion

The Board would like to be influential in future legislation and will meet quarterly. The next meeting will be held on Tuesday, February 5th at the Como Park Pavilion-Black Bear from 1:00 p.m.- 4:00 p.m.

**MN Department of Public Safety
Community Mental Health Peace Officer
Advisory Board**

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Lisc. peace officer

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Law enforcement educator

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MN Chiefs of Police Assn member

Stephen Coleman
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NAMI representative

Patricia Siebert
Mid-MN Legal Assistance
MN Disability Law Center
430 1st Avenue N, Suite 300
Minneapolis, MN 55407
Public member

BOARD VACANCY
1 Mental health professional

FUNDING FOR LAW ENFORCEMENT PROGRAMS

Application Materials For:

Auto Theft Prevention Projects

Model Policing Projects in Response to Calls Involving Emotional Crises and Mental Illness.

Racial Profiling Study/Video Cameras

APPLICATION DEADLINE: October 1, 2001

**Minnesota Department of Public Safety
Office of Drug Policy & Violence Prevention**

August 15, 2001

The State reserves the right to cancel this solicitation if it is considered to be in its best interest. The State reserves the right to negotiate modifications to the application. The State reserves the right to reject any and all applications received as result of this request for applications. The State does not intend to award a grant contract solely on the basis of any response made to this application or pay for information solicited or obtained.

MODEL POLICING PROJECTS

Purpose: This funding is for the development and promotion of model community policing pilot projects relating to the response to calls involving individuals with mental illness. Models must be responsive to the unique needs of the law enforcement and mental health systems within the State of Minnesota.

Source of Funds and Legislative Authority: M.S. 626.8441

Eligible Applicants: Law enforcement agencies in the metropolitan or rural areas. Grants may be awarded to new or existing projects.

Program Requirements:

Per statutory requirements, to receive funding a project MUST focus on:

- **Responding in a knowledgeable and sensitive way to persons exhibiting symptoms of emotional or mental crisis, symptoms of mental illness, or drug-related reactions.**
- **Significantly reducing the risk of harm to the individuals who are the subjects of such calls, to the officers responding to such calls, and to the general public.**
- **Identifying and implementing a continuum of intervention strategies that will prevent escalation, produce de-escalation, and minimize the use of force.**
- **Creating partnerships with community resources that result in positive resolution, reduction, and prevention of potentially harmful incidents.**

Application Process:

- ✓ **Completion of a Project Information Sheet (Form 1)**
- ✓ **Completion of a Project Budget (Form 2)(Submit a 12 month budget)**
- ✓ **Completion of a Project Overview Narrative (3 –5 pages) which will provide the following information.**
 1. **A description of the model community policing project you intend to implement including such information as program design, project scope , staffing, training of officers and the role of community partners.**
 2. **An explanation of why and how you have selected the model described above. If relevant, cite internal data and needs assessment; local and national research or**

best practice information; and input from the target population or mental health practitioners or advocacy organizations.

3. A discussion of how your proposed model will respond to the required focus indicated above.
4. A definition of the desired outcomes and the plan you will employ to measure the impact of the model.
5. A strategy that might be employed to promote your model throughout the State of Minnesota.

Total Available Funding: \$150,000

Funding Period: January 1, 2002 to December 31, 2002

Application Review Process: Specialized review process in consultation with the Community Mental Health Peach Officer Advisory Board.



Department of Public Safety - Request for Proposal

MODEL POLICING PROJECTS

Purpose: This funding is for the development and promotion of model community policing pilot projects relating to the response to calls involving individuals with mental illness. Models must be responsive to the unique needs of the law enforcement and mental health systems within the State of Minnesota and local communities.

Source of Funds and Legislative Authority: M.S. 626.8441

Eligible Applicants: Law enforcement agencies, local units of governments, non-profit organizations in the metropolitan or rural areas. Grants may be awarded to new or existing projects. Joint or collaborative projects between law enforcement and mental health agencies are encouraged.

Program Requirements:

Per statutory requirements, to receive funding a project **MUST** focus on:

- Responding in a knowledgeable and sensitive way to persons exhibiting symptoms of emotional or mental crisis, symptoms of mental illness, or drug-related reactions.
- Significantly reducing the risk of harm to the individuals who are the subjects of such calls, to the officers responding to such calls, and to the general public.
- Identifying and implementing a continuum of intervention strategies that will prevent escalation, produce de-escalation, and minimize the use of force.
- Creating partnerships with community resources that result in positive resolution, reduction, and prevention of potentially harmful incidents. Proposals most likely to be successful will contain collaboration between law enforcement agencies, mental health consumers or agencies providing mental health services.

Resources: Links to several resources and relevant articles on law enforcement's response to mental illness calls are available at www.safe.state.mn.us/funding/.

Application Process:

- Completion of a Project Information Sheet (Form 1)

- Completion of a Project Budget (Form 2)(Submit a 18 month budget)

Budgets should not include costs for less than lethal equipment.

- Completion of a Project Overview Narrative (3 –5 pages), which will provide the following information.
 1. A description of the model community policing project you intend to implement including such information as program design, project scope, staffing, training of officers/mental health providers and the role of community partners.
 2. An explanation of why and how you have selected the model described above. If relevant, cite internal data and needs assessment; local and national research or best practice information and input from the target population, mental health practitioners or advocacy organizations.
 3. A discussion of how your proposed model will respond to the required focus indicated above.
 4. A definition of the desired outcomes and the plan you will employ to measure the impact of the model.
 5. A strategy that might be employed to promote your model throughout the State of Minnesota.

Total Available Funding: \$150,000

Estimated Size of Award: Up to four (4) awards of \$25,000-\$50,000 will be made. It is anticipated that at least one metropolitan and one Greater Minnesota award will be made.





Funding Period: March 1, 2002 to December 31, 2002

Deadline: Each applicant must submit one (1) original and four (4) copies of their completed application. Completed applications must be received by 3:00 p.m. on Friday, January 25, 2002. No late proposals will be accepted.

Application Review Process: Specialized review process in consultation with the Community Mental Health Peach Officer Advisory Board.

Forms

Click preferred format to open.

Form Title	Microsoft Word	Adobe PDF
Project Information Sheet		
Project Budget		

Links

"Mempis model" of a Crisis Intervention Team: www.dmdav.org/newslook/pandora/CIT-03.htm

Alabama: www.communitypolicing.org/publications/exchange/e32_00/e32beasl.htm%20

Portland: www.gazette.net/specialfeatures/focalpoint/policechief/stories/mentalhealth.html

Others:

www.counseling.org/ctonline/criminalization.htm

www.kcstar.com/item/pages/local.pat.local/37753b0a.326..html

www.washingtonpost.com/ac2/wp-dyn?pagename=article&node=&contentId=A52934-2000Dec26