



# City of Minneapolis Alternatives to Police Response Final Recommendations

Presented by the Office of Performance & Innovation

December 7, 2020

# Agenda for today



- 1. Background**
- 2. Survey results**
- 3. Mental Health  
Recommendations**
- 4. Appendix**

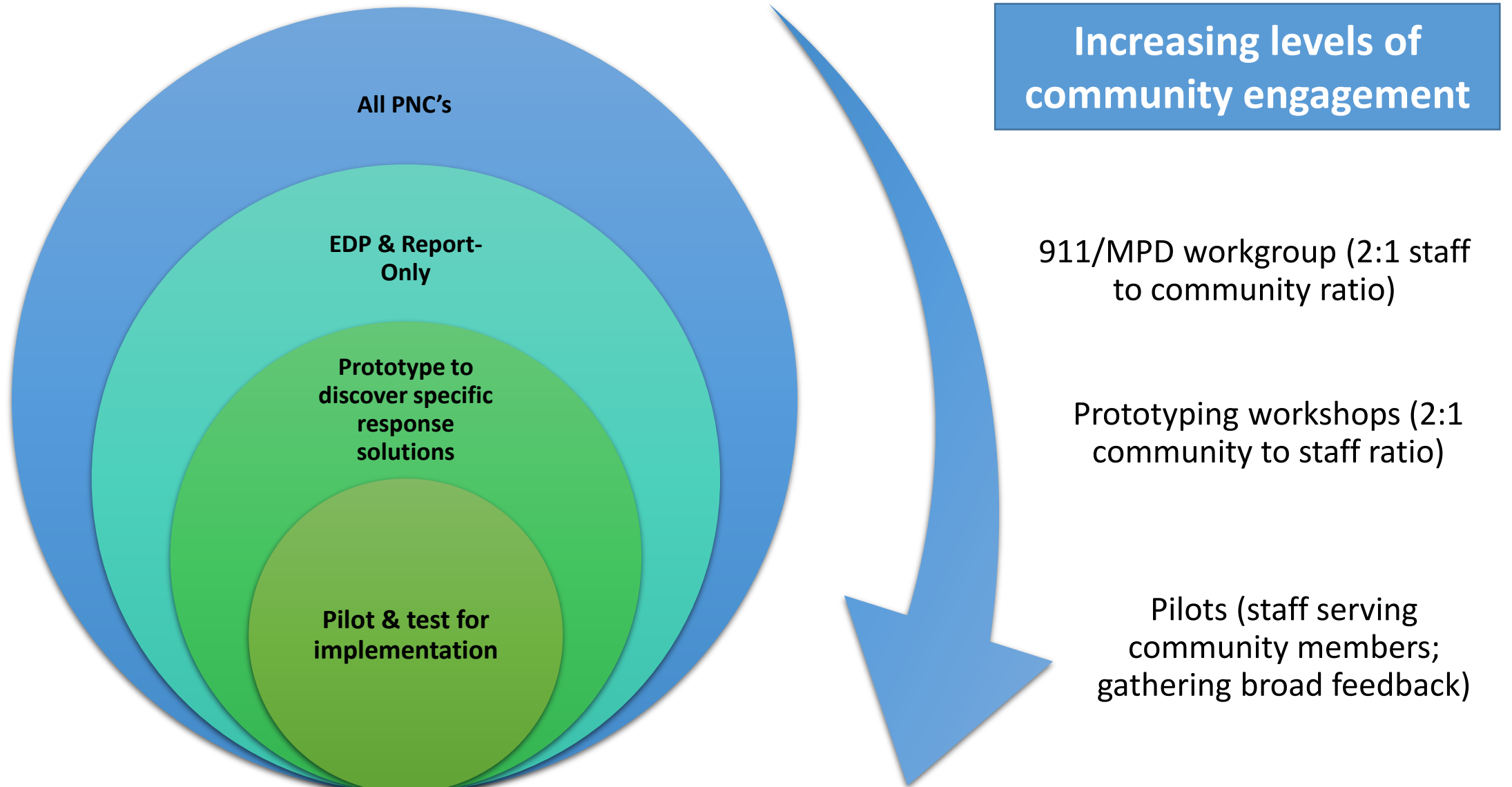




# Background



# Process overview





# Survey Results

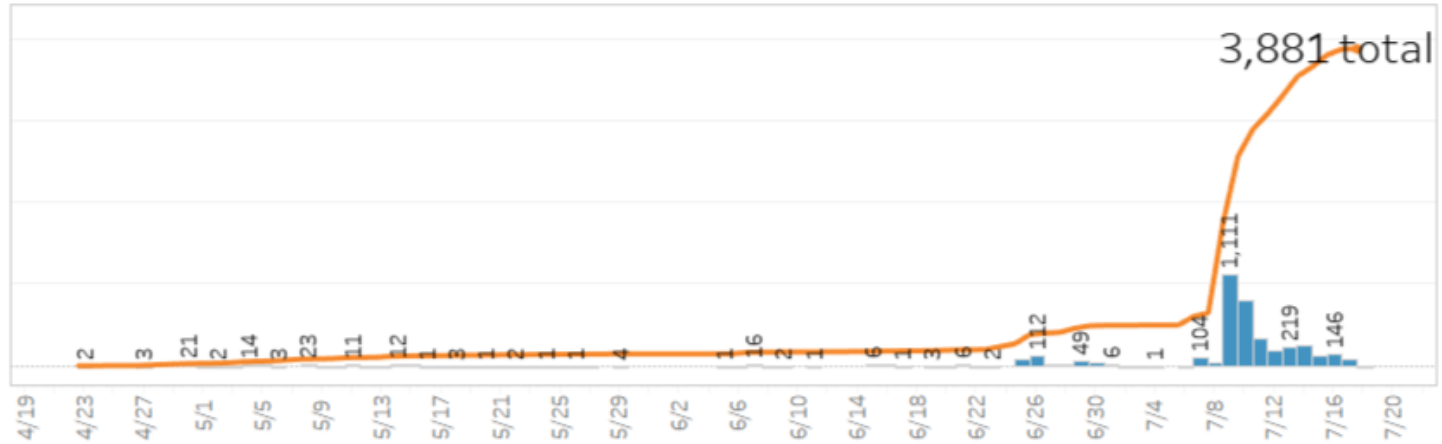
# Overview

- Survey engagement
  - OPI analyzed 8,012 total survey responses
  - OPI partnered with Communications and local organizations to spread awareness on social media for the survey.
  - Survey was available in 4 languages: English, Hmong, Spanish, and Somali
- Survey analysis
  - OPI analyzed a total of 23,551 individual open-ended survey responses to qualitative questions
    - Report-only included 11,574 open-ended responses
    - Mental Health included 11,977 open-ended responses

## Alternative Responses to Mental Health Crisis Survey

### Survey Respondents by Date Submitted

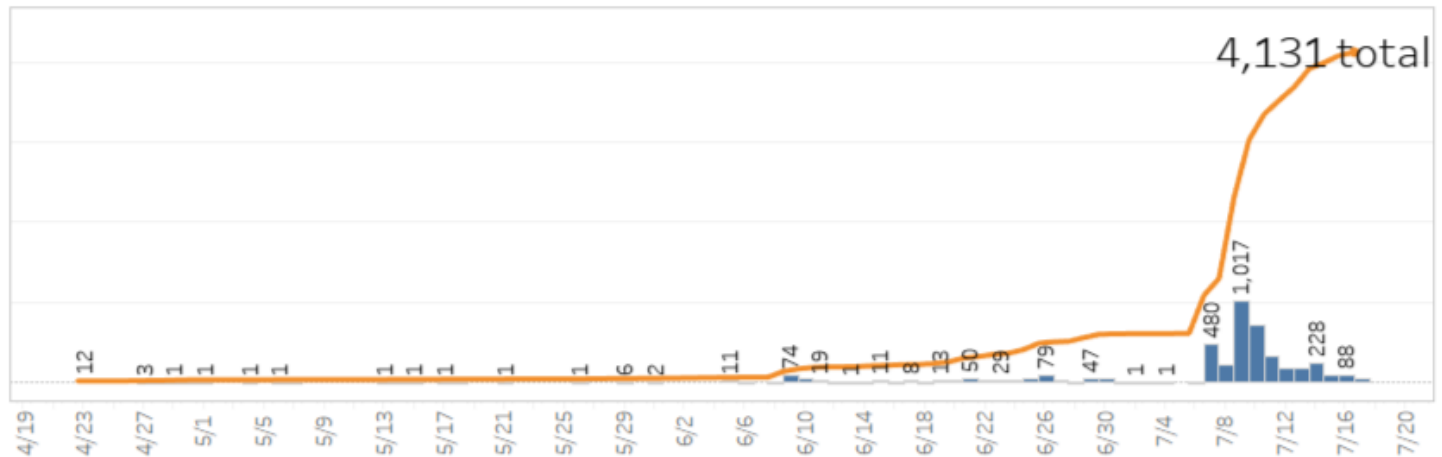
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## Reporting Non-Emergency Crimes Survey Results

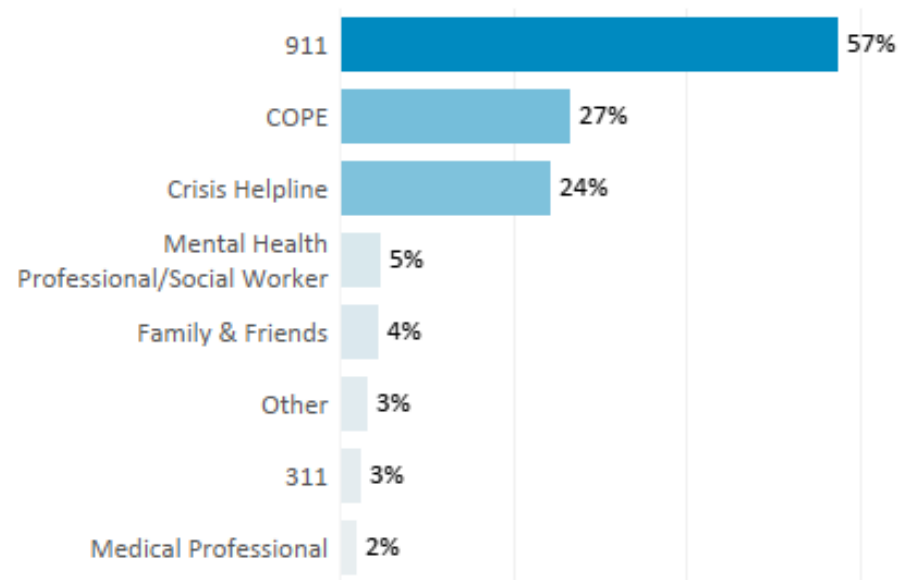
### Survey Respondents by Date Submitted

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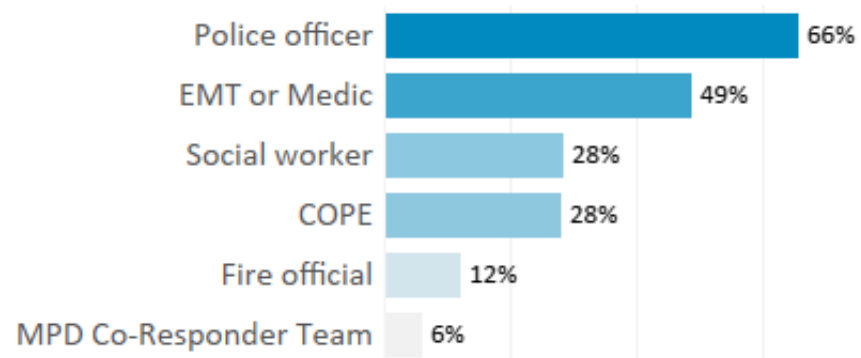
## Who did you call for help?

Note: respondents were allowed to select more than 1 answer  
n = 1,009 respondents

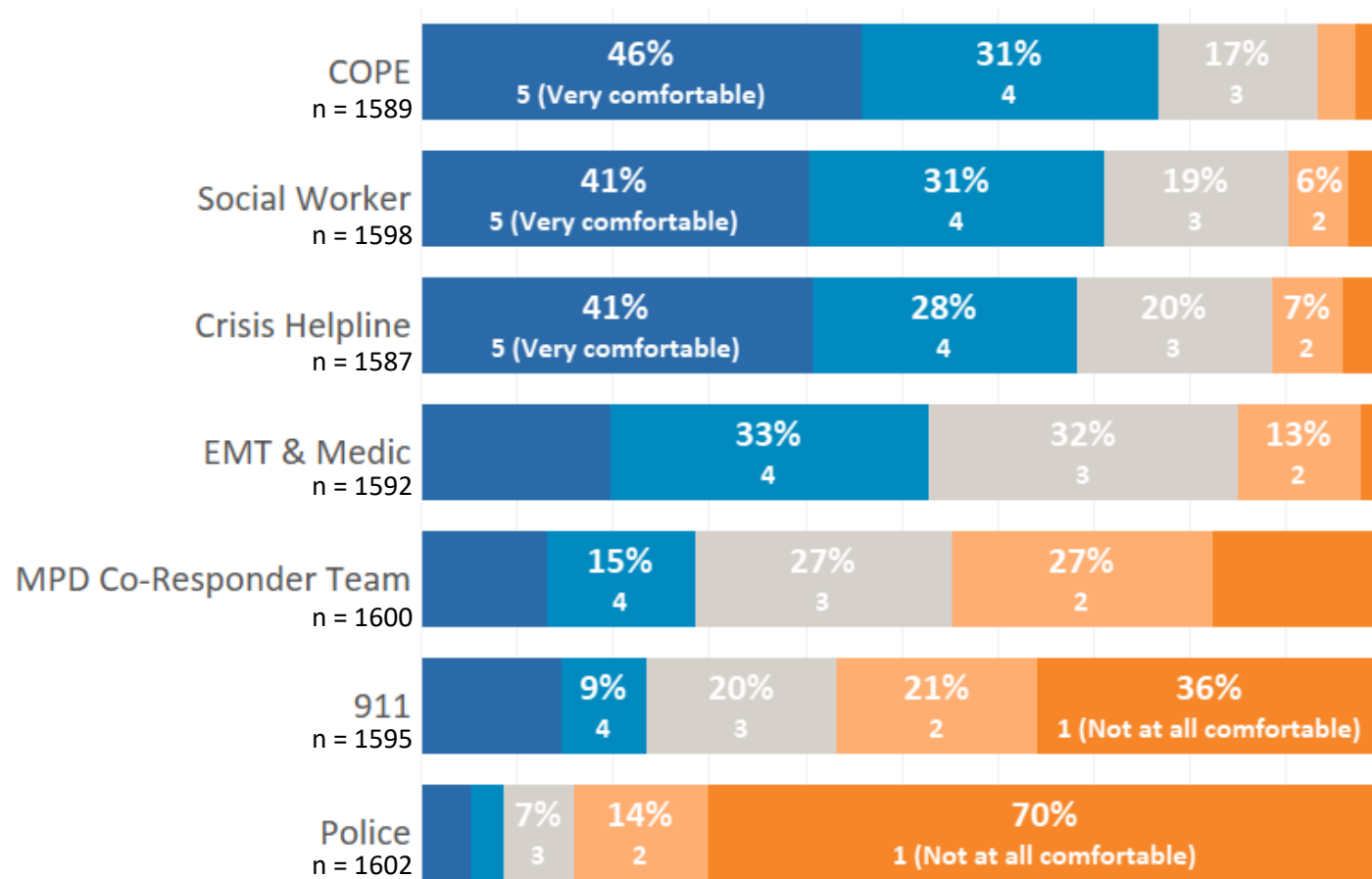


## Which of the following responders have you interacted with during a mental health crisis?

Note: respondents were allowed to select more than 1 answer  
n = 1,317 respondents

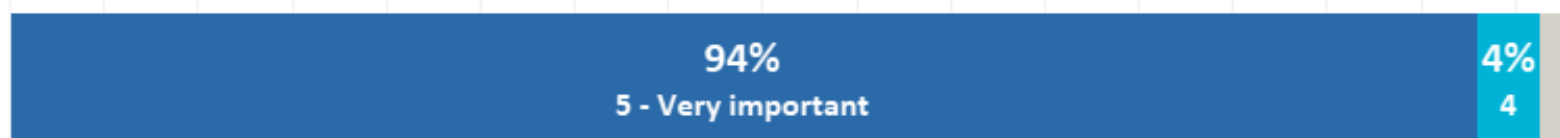


## Rating level comfort with response and reporting options

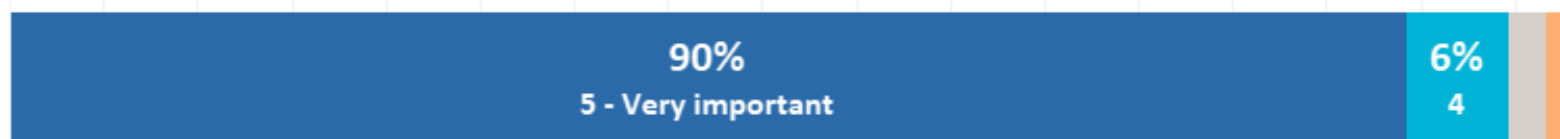


## Rating of Importance for Aspects of a Mental Health Response

The way responders treat people who are experiencing a crisis  
n = 1658



The sense of safety felt by the person experiencing a mental health crisis  
n = 1660



The speed of responders' arrival to help in a crisis  
n = 1659



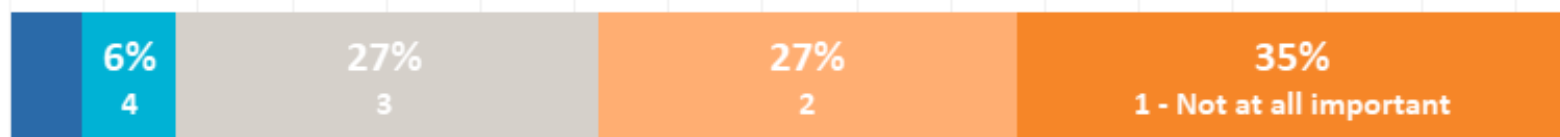
Personal follow-up given to people by responders after a crisis  
n = 1659



Responders wearing regular clothes when arriving to help in a crisis  
n = 1658



Responders wearing uniforms when arriving to help in a crisis  
n = 1658



Responders having a weapon (such as a gun or taser) when arriving to help in a crisis  
n = 1655



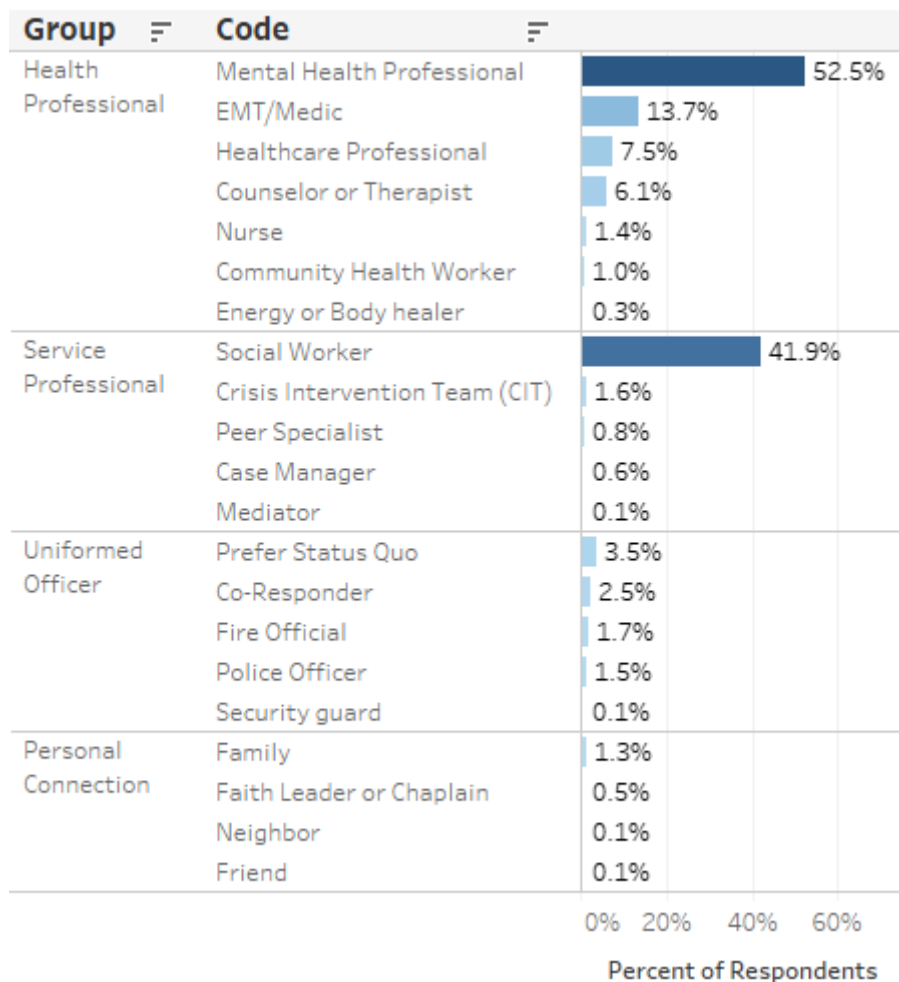


# Instead of police, who would you like to respond when you are experiencing or witnessing a mental health crisis?

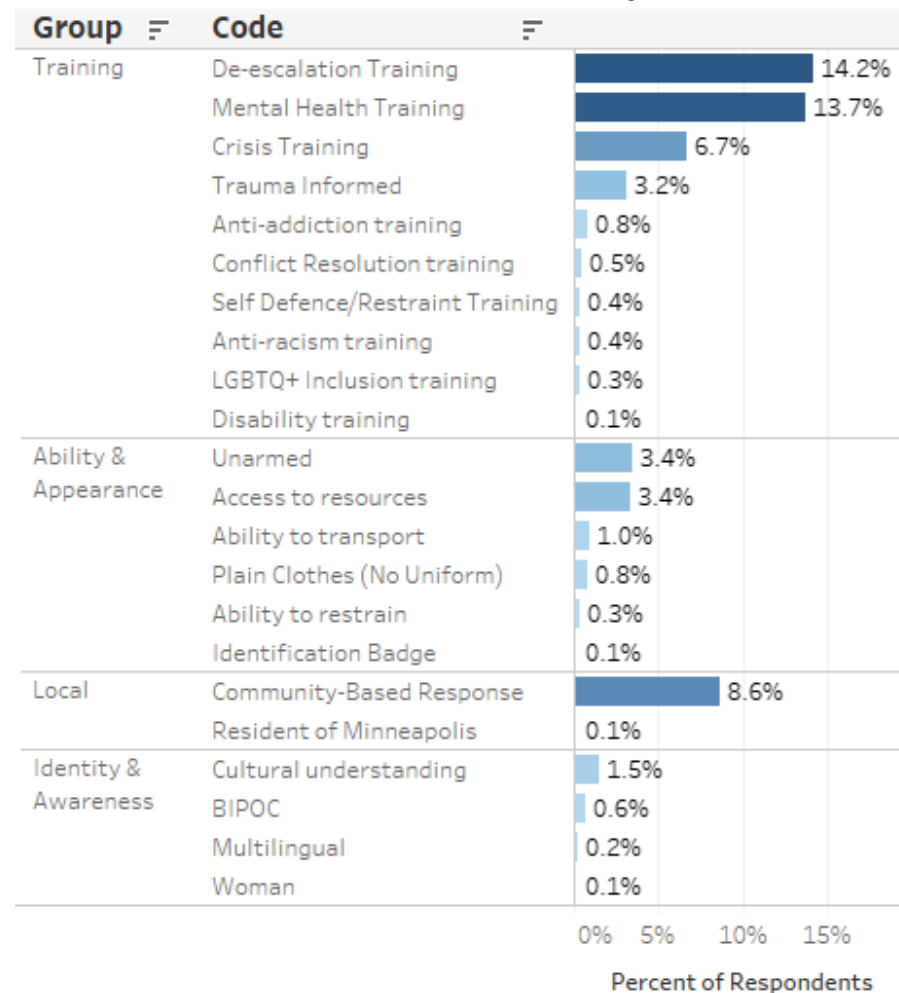
n = 1,551 respondents (40% of all survey respondents)

Note: each respondents may have indicated more than 1 code in their response

## Profession of Responder



## Characteristics of Responder



# Takeaways + Conclusions

- Majority of people do not call the City of Minneapolis when experiencing or witnessing a mental health crisis
- People have a close relationship with the person in crisis (family, friend, self).
- People call 911 and interact with police during a crisis despite very low levels of comfort for each.
- Fewer people interact with mental health professionals or social workers despite very high levels of comfort for each.
- People value being treated with respect, sense of safety, and quick response times when experiencing or witnessing a mental health crisis.
- Majority of people prefer a mental health professional or social worker who have de-escalation and mental health training to respond to a mental health crisis.

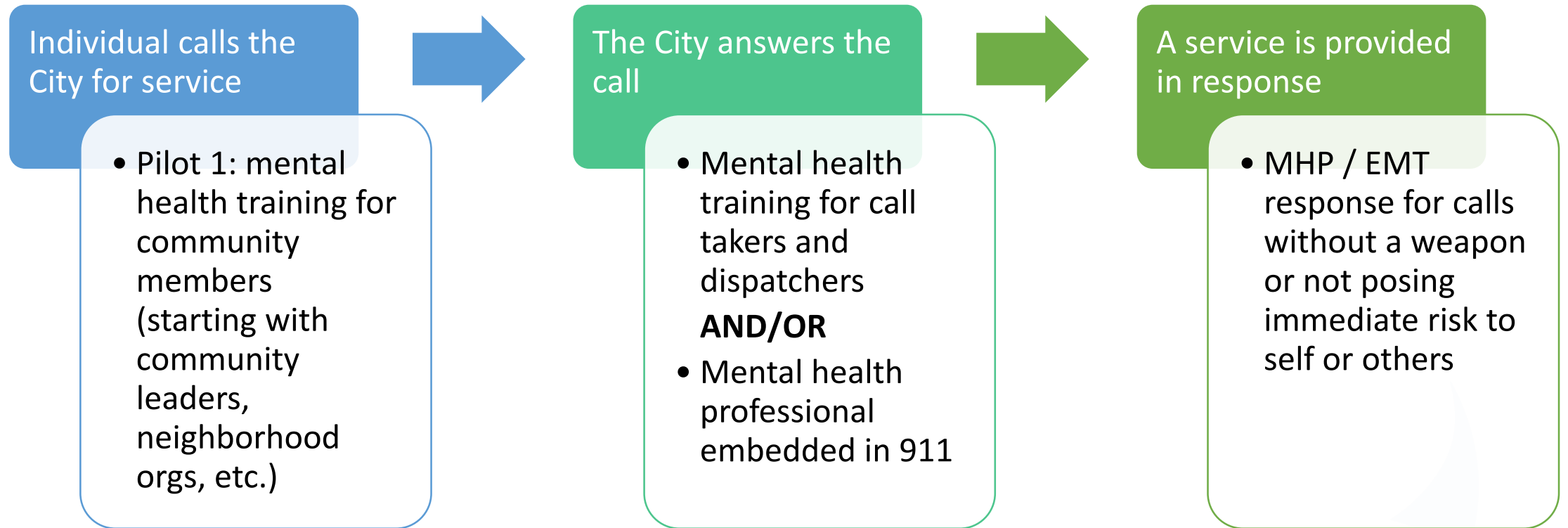




# Mental Health Recommendations

# Mental health recommendation summary

These recommendations are holistic and focus on each phase of a call for service





**MH #1: Dispatch MHP/EMT  
teams to EDP calls via 911 -  
PILOT**

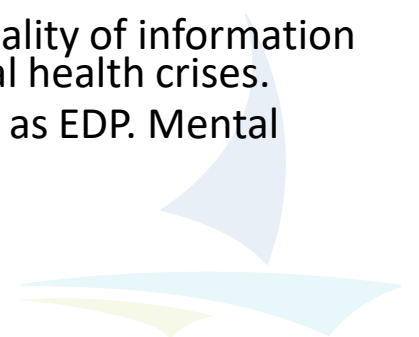
# Dispatch MHP/EMT teams to EDP calls via 911

- **Pilot**
- **Goal:** The goal of this program is to give people experiencing a mental health crisis an alternative to police that can properly assess their needs, provides appropriate care/support while avoiding unnecessary hospitalization and criminalization.
- **Design:** A mobile crisis intervention program that will dispatch a pair consisting of a mental health professional and an EMT to respond to mental health calls that don't involve weapons or pose no threat of violence towards others.
- **Critical factors:**
  - The team will respond unarmed, dressed down and with a van full of supplies to address the immediate needs of the person in crisis.
  - The responders will have extensive training on mental health crisis interventions, de-escalation tactics, and will be trauma informed. Teams will also need to be diverse in race and gender identity to best serve cultural populations.
  - The team will be able to respond to mental health crisis quickly while providing counseling, medical support and connecting people in crisis to community support services.
  - The program will be a community-based response that is empathetic and treats people experiencing crises as people who needs help and not as criminals.

**MH #2: Train 911 dispatchers in  
assessing MH calls – PILOT**

# Train 911 dispatchers in assessing MH calls

- **Pilot**
- **Goal:** Equip 911 call takers & dispatchers with tools needed to assess mental health calls so that they may dispatch the most appropriate response option and provide responders with high quality information as it relates to mental health and behavioral issues.
- **Design:** During the pilot, a portion of 911 call takers/dispatchers/supervisors would be trained in emergency mental health dispatching. Their experience would then be evaluated prior to training all dispatchers/supervisors. The training would be facilitated by a third party.
- **Critical factors:**
  - Emergency dispatchers are often the first point of contact when a caller is experiencing a mental health crisis.
  - According to NAMI – California, increased training for 911 dispatchers will improve the quality of information provided to responders and help alert responders to special circumstances, such as mental health crises.
  - Increased mental health training may also support call codes other than those designated as EDP. Mental health factors may also be relevant to other call types.

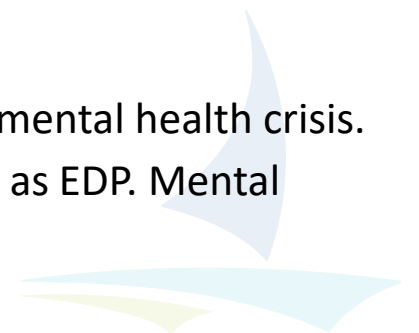




# **MH #3: Embed MHPs in 911 – PILOT**

# Embed MHPs in 911 - PILOT

- **Pilot**
- **Goal:** Divert 911 mental health calls from MPD by identifying appropriate resources for the person in crisis. The resident MHP may also be able to provide training to 911 call takers & dispatched allowing for improved triage on a broader scale.
- **Design:** Two mental health professionals will be embedded in 911. The mental health professionals will work closely with call takers & dispatchers to help improve mental health triage, divert calls from MPD, and identify the most appropriate response for mental health calls.
- **Critical factors:**
  - Emergency dispatchers are often the first point of contact when a caller is experiencing a mental health crisis.
  - Increased mental health training may also support call codes other than those designated as EDP. Mental health factors may also be relevant to other call types.



**MH #4: Proactive de-escalation  
within the community through  
education & training – PILOT**

# Proactive de-escalation within the community through education & training

- **Pilot**
- **Goal:** Provide community members with skills to help them recognize signs of a crisis and provide a basic level of support to the person experiencing it.
- **Design:** This pilot would be a train the trainer model with a micro grant. Community leaders complete Question, Persuade, Refer (QPR) and/or Mental Health First Aid training then receive a micro grant to train their community.
- **Critical factors:**
  - Community leader is defined broadly. Includes informal community leaders who are doing the work now (may not be a part of an established organization), nonprofit leaders, NBO leaders, etc.
  - The City does not control the content of the training. It is delivered by a third party.
  - The City funds and manages the micro grant
  - Trainers are paid through the micro grant







# City of Minneapolis Alternatives to Police Response Final Recommendations

Thank you

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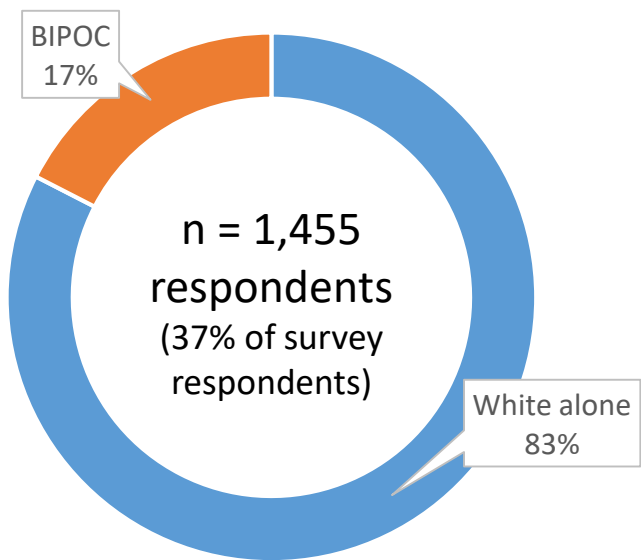


# Appendix



# Demographics

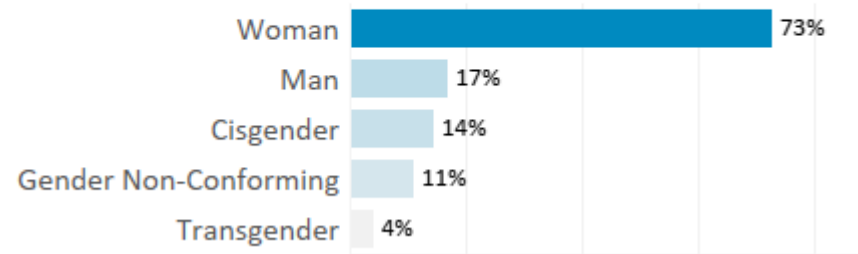
## Race or Ethnicity Group



Race or Ethnicity Identity Breakdown	Count of Responses
Note: respondents may select more than 1 answer	
American Indian or Alaska Native	32
Asian	63
Black or African American	71
Hispanic, Latino, or Spanish origin	59
Another race or ethnicity not listed	58
White	1302
Multiracial (respondent selected more than 1 answer)	124

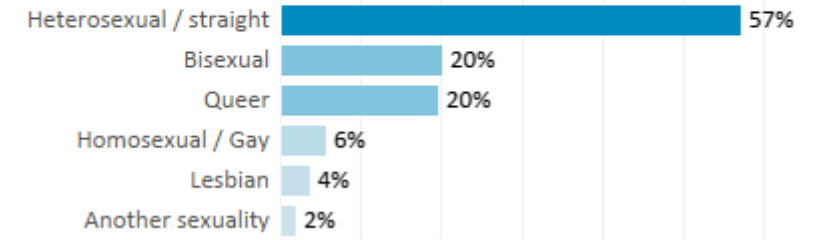
## Gender Identity

Note: respondents were allowed to select more than 1 answer  
n = 1,506 respondents (39% of all survey respondents)



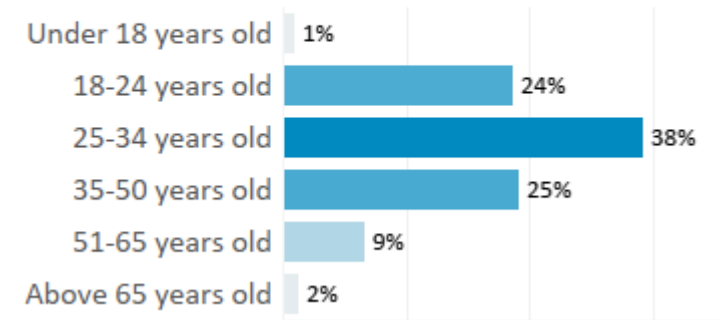
## Sexual Identity

Note: respondents were allowed to select more than 1 answer  
n = 1,477 respondents (38% of all survey respondents)



## Age Group

n = 1,519 respondents (39% of all survey respondents)



# Racial Equity Impact Analysis (REIA)

- The impacts of these recommendations will be citywide as MPD will have increased capacity to respond to urgent matters most specialized to their skillset.
- On July 17, 2020, City Council approved a resolution declaring racism a public health emergency. According to the resolution, "research has shown that police killings of unarmed Black Americans have adverse effects on mental health among Black American adults overall, and... studies show that Black people are three times as likely to be killed by police as white people in this country." In addition to the disproportionate amount of police harm experienced by BIPOC communities, data supports that people with mental illness experience higher rates of police violence, as well.
- BIPOC communities across the city will likely see reduced interactions with police as alternate responders become available to respond to mental health crisis calls for service and reporting non-emergency incidents becomes more accessible.
- The recommendations also support an aim of the resolution to "[b]uild and implement a comprehensive public safety system that decentralizes BIPOC over-policing and criminalization and is rooted in the public health approach to keep BIPOC communities disproportionately impacted by community violence safe."

