Mental Health Incidents/Crises

Eff. Date ~~06/09/2025~~

Purpose

The Madison Police Department (MPD) trains officers to recognize behavior that may be attributable to mental illness and to respond to incidents in such a manner as to de-escalate crisis situations whenever possible. The goal in all contacts stemming from mental health crisis is to utilize the least restrictive measures to secure the welfare of all those concerned, connect individuals to needed services, and divert them from the criminal justice system whenever possible.

MPD is committed to partnering with service providers and those in the justice system to develop more compassionate and effective approaches that emphasize providing community-based treatment instead of arrest and incarceration of individuals experiencing a mental health crisis.

Mental Health Unit

MPD's Mental Health Unit serves to further supplement our department's responses to mental health crises providing added support to community members and first-responding officers before, during, and after a mental health crisis occurs.

The Mental Health Unit is comprised of the following members:

- Mental Health Officers (MHOs) serve in a specialized role and are assigned to MPD district stations. MHOs provide individual response plans and follow-up, address system issues/concerns, share information internally and externally as appropriate, and if possible, respond to mental health calls for service when they arise. Additionally, MHOs lead department-wide training on mental health-related topics and attend specialized training opportunities.
- Law Enforcement Crisis Workers (LECWs) are mental health clinicians employed by Journey Mental Health. Beyond the crisis intervention and stabilization services that Journey provides to the community, LECWs are contracted to work in an embedded capacity at MPD. LECWs partner with MHOs to conduct outreach, address system issues, and if possible, respond to mental health calls for service when they arise.
- Mental Health Liaison Officers (MHLOs) are officers assigned to Patrol who voluntarily participate in additional training throughout the year and promote the Mental Health Unit's mission by working collaboratively with mental health providers, advocates, and consumers.

MADISON AREA RECOVERY INITIATIVE

Additionally, the Madison Area Recovery Initiative (MARI), works closely with ~~exists within~~ the Mental Health Unit command structure. The MARI Team consists of a supervisor, an officer, and a program assistant. MARI partners with community organizations to support the following substance use recovery efforts: a pre-arrest diversion program, a field outreach program, and a self-referral line. Additionally, the MARI Team provides harm reduction supplies, education and outreach to the community.

PATROL RESPONSE GUIDELINES

Initial Response Considerations

When officers respond to a subject who is exhibiting or who has exhibited unusual, disruptive, or dangerous behavior, the officers should assess the risk posed by the subject and consult with Journey Mental Health as they investigate the following:

- The level of immediate risk or dangerousness, if any, that the subject poses to themselves or to others. *See also* MPD's Response to Persons with Altered State of Mind SOP.
- The need for emergency medical care or medical evaluation.
- Statements from direct witnesses to the subject's concerning behavior.
- Whether the subject's behavior constitutes a crime, and whether that crime would result in a discretionary or mandatory arrest situation.
- Factors that are possibly contributing to the subject's behavior, to include mental illness, alcohol or drug use, developmental or intellectual disabilities, dementia or other medical concerns.
- The subject's known diagnoses, medical history, medications, and current community supports.
- The need for further police intervention and the appropriateness of other resources, community support systems, and care providers that could assist the subject (e.g., assigned caseworkers, guardians, personal therapists, Community Alternative Response Emergency Services (CARES) response, etc.).

Dangerous Behavior, Defined

Behavior that is dangerous to the degree that it may support an Emergency Detention, is defined by Wis. Stat. 51.15(1)(ar), as that behavior which "*evidences any of the following:*

1. *A substantial probability of physical harm to himself or herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm.*

2. *A substantial probability of physical harm to other persons as manifested by evidence of recent homicidal or other violent behavior on his or her part, or by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt, or threat to do serious physical harm on his or her part.*

3. *A substantial probability of physical impairment or injury to himself or herself or other individuals due to impaired judgment, as manifested by evidence of a recent act or omission. The probability of physical impairment or injury is not substantial under this subdivision if reasonable provision for the individual's protection is available in the community and there is a reasonable probability that the individual will avail himself or herself of these services or, in the case of a minor, if the individual is appropriate for services or placement under s. 48.13 (4) or (11) or 938.13 (4). Food, shelter, or other care provided to an individual who is substantially incapable of obtaining the care for himself or herself, by any person other than a treatment facility, does not constitute reasonable provision for the individual's protection available in the community under this subdivision.*

4. *Behavior manifested by a recent act or omission that, due to mental illness, he or she is unable to satisfy basic needs for nourishment, medical care, shelter, or safety without prompt and adequate treatment so that a substantial probability exists that death, serious physical injury, serious physical debilitation, or serious physical disease will imminently ensue unless the individual receives prompt and adequate treatment for this mental illness. No substantial probability of harm under this subdivision exists if reasonable provision for the individual's treatment and protection is available in the community and there is a reasonable probability that the individual will avail himself or herself of these services, if the individual may be provided protective placement or protective services under ch. 55, or, in the case of a minor, if the individual is appropriate for services or placement under s. 48.13 (4) or (11) or 938.13 (4). The individual's status as a minor does not automatically establish a substantial probability of death, serious physical injury, serious physical debilitation, or serious disease under this subdivision. Food, shelter, or other care provided to an individual who is substantially incapable of providing the care for himself or herself, by any person other than a*

treatment facility, does not constitute reasonable provision for the individual's treatment or protection available in the community under this subdivision." (language quoted directly from statute 51.15(1)(ar)1.-4.)

Physical Harm or Injury to Self or Threats Thereof

An overdose, whether intentional or accidental, is a medical emergency and MPD's primary role is to ensure a safe environment for Emergency Medical Service (EMS) and other responders. Similarly, when MPD responds to incidents of attempted suicide or bodily harm to self, officers should recognize that, depending upon the circumstances, the subject's behavior could be life-threatening.

Secondarily, MPD's role in most overdose cases, incidents of attempted suicide, or bodily harm to self, is to conduct a preliminary investigation to determine whether or not a crime has been committed and whether or not the subject's behavior could later result in an Emergency Detention.

Reports are required in intentional overdose cases, incidents of attempted suicide, or incidents of bodily harm to self, when the investigating officer has credibly identified the harmed subject and/or any witnesses to the self-harming behavior. Information received at the scene may be needed later by other officers to establish grounds for an Emergency Detention so these reports should be completed as a Basket 3 priority before the end of the officer's tour of duty. The investigating officer should also, during the active course of the investigation, provide pertinent information to Journey Mental Health.

If EMS transports the subject to a hospital under circumstances of suspected intentional overdose, attempted suicide, or bodily harm to self, an officer shall respond to the hospital if any of the following factors are present:

- Death appears imminent.
- EMS requests assistance in the ambulance with a combative subject.
- The call precipitates a criminal investigation that cannot be completed at the scene.

If an officer is dispatched to the hospital for a subject who previously was suspected to have intentionally overdosed, attempted suicide, or caused bodily harm to self, an officer should:

- Determine where the dangerous behavior occurred or began, and consult with a supervisor if another jurisdiction may be more appropriate to investigate the incident.
- Make initial contact with hospital staff and Journey Mental Health to determine if the subject is voluntarily seeking treatment, if the treatment sought includes psychiatric treatment, and if it is appropriate to now facilitate a crisis assessment of the subject.
- If appropriate, investigate the incident as a potential Emergency Detention. This may include checking for past reports and Speculative Emergency Detention forms, if the underlying dangerous behavior generated a call for service.
- Consult with hospital staff regarding the possibility of the subject being admitted for medical purposes.
    - If the subject is admitted for medical treatment, officers may disengage from the hospital and get the treating physician's name for their report.
    - If Emergency Detention criteria are met, an officer should complete a Speculative Statement of Emergency Detention form, save it in the appropriate shared MPD folder, and send an email notifying oncoming officers of the presence of this form in the shared MPD folder.

Physical Harm or Injury to Others or Threats Thereof

Officers are trained to recognize that some dangerous behavior may also be criminal in nature. If the subject's behavior constitutes a criminal violation but criteria for an Emergency Detention is also present, officers should:

- Consult with Journey Mental Health to determine the best short-term disposition and placement.
- Consult with a supervisor on disposition if the crime at issue is a violent felony.
- If the subject is placed under Emergency Detention and if the investigating officer deems it appropriate to make a criminal referral to the district attorney's office, the officer shall complete a probable cause affidavit for the appropriate criminal violations prior to the end of their tour of duty.
- If the underlying offense for which probable cause exists is a mandatory arrest under Wis. Stat. 968.075, the only possible dispositions for the subject are the following: an Emergency Detention~~, protective custody placement at Detox,~~ or arrest. Voluntary psychiatric admissions in lieu of booking a domestic abuse suspect is not an option.
    - If the subject is placed under Emergency Detention in this circumstance, the investigating officer shall complete a probable cause affidavit and domestic paperwork prior to the end of their tour of duty. The officer shall also communicate this fact to the Officer-In-Charge (OIC). *See also* MPD's Domestic Abuse SOP.
    - ~~If the subject is placed at Detox due to incapacitation, the investigating officer shall complete a probable cause affidavit and domestic paperwork prior to the end of their tour of duty, and shall communicate this fact to Detox staff, while keeping this paperwork on file at Detox. *See also* MPD's Intoxicated and Incapacitated Persons SOP.~~
- Consult with a supervisor prior to conveying the subject to jail.

Emergency Detention Criteria

Pursuant to Wis. Stat. 51.15(1), a law enforcement officer is authorized to take a subject into custody, as the least restrictive alternative appropriate to a subject's needs, if all of the following criteria are met:

- the officer has probable cause that the subject is mentally ill, or drug dependent, or developmentally disabled;
- the subject is unable or unwilling to cooperate with voluntary treatment; and
- the subject presents with at least one of the enumerated criteria (#1-4) under the Dangerous Behavior section above.

Wis. Stat. 51.15(1)(b) further states that the officer's belief that an Emergency Detention is appropriate shall be based on either of the following:

1. *"A specific recent overt act or attempt or threat to act or omission by the individual, which is observed by the officer or person; or*

2. *A specific recent overt act or attempt or threat to act or omission by the individual which is reliably reported to the officer or person by any other person, including any probation, extended supervision, and parole agent authorized by the department of corrections to exercise control and supervision over a probationer, parolee, or person on extended supervision."*

Least Restrictive, Defined

Least restrictive means or alternatives are commonly used terms within the healthcare and public health realms. The principle of "least restrictive" holds that interventions, even those done in the interest of

individual or public safety, should interfere with the individual freedoms to the least possible, or necessary, extent.

Custody, Defined

Pursuant to Wis. Stat. 51.15(3), "an individual is in custody when the individual is under the physical control of the law enforcement officer." Officers are also trained to understand that custody can be interpreted in situations where an officer communicates to an individual that they are in police custody, for purposes of an emergency detention. Generally in emergency detention cases, the individual remains in law enforcement custody until custody can be transferred to the receiving facility.

Recent Overt Act, Defined

Although there is no statutory definition for "recent overt act", an officer can consider a subject's behavior to be recent if it is part of an uninterrupted crisis. An Emergency Detention is not to be initiated based upon an act, attempt, or threat to act, or omission, if there has already been some intervention (e.g., hospitalization, initiated and dismissed ED) to address the specified behavior.

Voluntary Hospital Admissions of Subjects

Voluntary admission is generally the preferred option for subjects who are cooperative and need further treatment or stabilization. In situations where the subject's behaviors are not imminently threatening to their welfare or that of other people, officers conveying the subject to an area hospital may disengage from the call once the subject is in the care of hospital staff, with the below considerations in mind.

If Emergency Detention Criteria is Present

In situations where an officer reasonably believes that Emergency Detention criteria is present, i.e., all criteria except the "unable or unwilling to cooperate with voluntary treatment" criterion, officers should stay with the subject until they are assured that the subject will follow through with a psychiatric admission, or with the approval of a supervisor.

A supervisor's decision for officers to disengage from the hospital in the aforementioned circumstance will be guided by the following factors:

- The subject's demonstrated level of compliance and willingness to seek treatment;
- The level and recency of dangerousness that the subject exhibited;
- The subject's known history of in-patient psychiatric admission and compliance therewith;
- The presence of criminal charges, or lack thereof;
- The presence of family, friends, or other supports at the hospital; and
- Whether or not the investigating officer has briefed the hospital social worker or charge nurse on the situation.

If a supervisor grants approval for officers to disengage prior to the subject's psychiatric admission, officers are responsible for doing the following:

- Communicate their intent to disengage from the hospital to the charge nurse and the hospital social worker.
- Make the request of hospital staff that they re-contact Journey Mental Health and MPD if the subject attempts to leave prior to being fully admitted so that an Emergency Detention can be completed.
- Brief Journey Mental Health on the fact that officers disengaged, and that hospital staff will call if the subject becomes involuntary.

- Complete a Basket 3 priority report and a Speculative Statement of Emergency Detention form before the end of their tour of duty.
- Save the drafted Speculative Statement of Emergency Detention in the appropriate shared MPD folder, and send an email notifying oncoming officers of the presence of this form in the shared MPD folder.

Assessing Subjects for Emergency Detention

Officers should investigate the totality of the circumstances to determine if criteria for an Emergency Detention are met. Officers should consult with Journey Mental Health as soon as an officer has established possible grounds for an Emergency Detention.

In Dane County, Journey Mental Health is the named representative of "the county department." Pursuant to Wis. Stat. 51.15(2)(c), Journey Mental Health may only approve an emergency detention:

> *"if a physician who has completed a residency in psychiatry, a psychologist, or a mental health professional, as determined by the department, has performed a crisis assessment on the individual and agrees with the need for detention and the county department reasonably believes the individual will not voluntarily consent to evaluation, diagnosis, and treatment necessary to stabilize the individual and remove the substantial probability of physical harm, impairment, or injury to himself, herself, or others."*

Pursuant to Wis. Stat. 51.15(2)(c), a crisis assessment can occur in any of the following ways:

- In-person, with a crisis worker responding to the location of the officer.
- In-person, with an officer transporting a subject to the location of the crisis worker. This may be a custodial transport if the officer has established grounds to take the subject into protective custody.
- By telephone, or by telemedicine or video conferencing technology.

Completing Chapter 51-Related Paperwork

When an MPD officer and Journey Mental Health support an Emergency Detention and after an officer has taken custody of the subject, the officer should do the following:

- Complete the Statement of Emergency Detention form. It is the responsibility of the officer who investigates the circumstances of the emergency detention to complete the Statement of Emergency Detention form to the best of their abilities. The form shall comply with the following:
  - articulate dangerousness behavior (acts, threats, omissions),
  - list names and contact information of one or more witnesses,
  - list the full name of the Crisis worker who approved the Emergency Detention,
  - list the detention date and time,
  - list the receiving facility, and
  - include the witnessing officer's electronic signature
- If applicable, complete paperwork related to the arrest of the same subject. In a domestic abuse-related incident, officers shall complete and submit all paperwork listed in the Domestic Abuse SOP, regarding the subject as an "at large suspect."
- If an officer relieves the investigating officer and ultimately transports the subject to the receiving facility, the transporting officer is responsible for ensuring that the form is complete and accurate.
- After the receiving facility has accepted the subject and prior to the time when the officer transfers custody of the subject to the receiving facility, an officer shall upload the completed form to the password protected CCAP website and shall send the form via email to the appropriate parties. These procedures are found in MPD's E-filing guide.

- Any investigating and transporting officers shall complete their reports as a Basket 3 priority and route it to the PD Mental Health email group.

Officers may also be tasked with completing Chapter 51 returns for subjects. In these cases, it is the responsibility of the officer who completes the transport to ensure that the Affidavit of Service is completed and emailed to appropriate parties. These procedures are found in MPD's E-filing guide.

Transport Considerations

Consistent with MPD's Use of Force SOP, officers shall place handcuffs on any subject in custody when the officer reasonably believes the subject may become violent, attempt to escape, or pose a danger to self or others. When MPD officers complete a transport of a subject to Winnebago Mental Health Institute or to other receiving facilities located outside of the City of Madison, officers should consider transporting the subject in front "belly-chain" restraints, if possible.

If transport within a police vehicle would be uncomfortable or unfeasible, officers may communicate to hospital staff their request for an ambulance transport. In these situations, officers will still maintain custody of the subject during the transport.

If inclement weather or other road conditions do not permit a safe transport to the receiving facility, officers will stay with and maintain custody of the subject at the hospital. Officers should communicate with the OIC in making this determination.

Transports as a Planned Overtime Assignment

The Officer-in-Charge may determine that it is appropriate to staff an emergency detention transport as an overtime assignment. If appropriate, the overtime assignment will be consistent with relevant contractual provisions; it will be open to all commissioned personnel and awarded to whomever had the least amount of overtime accrued for the year, with priority assignment as follows:

- To all non-command commissioned personnel;
- To command personnel (if insufficient non-command personnel express interest).

If no one expresses interest in an overtime guarding assignment, patrol resources may be ordered to fill the assignment, consistent with existing order-over procedures. *See also* MPD's Guarding of Persons in Police Custody at Hospitals SOP.

Third-Party Transports

Wis. Stat. 51.15(2)(a) permits law enforcement agencies to contract with other law enforcement agencies, ambulance service providers, or a third-party vendor to transport subjects for detention. If a transport is arranged with an MPD contracted third-party, MPD officers will turn over custody to the transporting party when the subject is boarded into the transporting party's vehicle, or if prior to that time, the transporting party communicates that they are responsible for the subject.

Requests for Transport from Emergency Detention Facilities to Dane County Jail

Officers In Charge may field a request to transport individuals previously detained on an Emergency Detention from a receiving facility to the Dane Co. Jail. Generally, Officers in Charge should work with the Journey Mental Health Discharge Planner to field and fulfill these requests. When the individual has warrants or a DOC hold, MPD will not be responsible for transporting the individual from the receiving facility to Jail.

In situations where MPD has active Probable Cause for a criminal charge that is either domestic enhanced or a felony or both, MPD is responsible for transporting the individual from the receiving facility

to Jail. If the District Attorney's office has completed an expedited review process and has declined to charge the domestic-enhanced crime or felony, MPD is no longer responsible for the transport.

Release as a Possible Disposition

Based upon the officer's and Journey Mental Health's assessment of a subject's behavior and condition, it may be appropriate to resolve the call in one of the following ways:

- Release the subject to their own care, with an articulated plan for safety.
- Release the subject to their own care, with a referral made to a mental health agency.
- Release the subject into the care of family or friends.

REQUESTS TO CONDUCT AN EMERGENCY DETENTION FROM THE JAIL

Occasionally, MPD is requested by Journey Mental Health to complete an Emergency Detention of subject who has already been booked into the Dane County Jail (DCJ) by MPD. The mental health concerns of acutely ill subjects are generally not addressed in jail, unless the subject voluntarily accepts treatment, or the subject exhibits new dangerousness while at the jail. Nevertheless, removing a subject from a secure facility poses some risk to officers and to the community. This section outlines the process and conditions for an Emergency Detention from jail.

Applicability

This section covers the Emergency Detention of subjects after MPD officers have transferred custody of the subject to jail personnel and after the subject has been admitted into the jail. Situations in which jail personnel refuse to accept an arrestee and insist instead that an Emergency Detention be conducted should be handled on a case-by-case basis between the MPD Officer in Charge and the appropriate point of contact at the jail.

Post-Booking Emergency Detentions

Prior to removing a subject from jail to conduct an Emergency Detention, an investigating officer or supervisor should do all of the following:

- If feasible, consult with a supervisor within the Mental Health Unit.
- Determine jurisdiction. MPD has the responsibility in the Emergency Detention if the subject's predominant pattern of dangerous behavior occurred within the City of Madison.
- Determine necessity. MPD will collaborate with a Journey Mental Health crisis worker to determine if an Emergency Detention is appropriate.
- If the criminal case underlying the subject's custody at DCJ is (or is likely to be) assigned to a specialized unit and/or detective, consult with the assigned detective or special unit supervisor.

If the above conditions are met, the officer or supervisor should brief the Officer in Charge.

Officer In Charge Responsibilities and Approval Process

Prior to taking any action to remove the subject from the jail, the Officer in Charge shall contact the Community Outreach Captain (or their designee) to obtain approval for the Emergency Detention out of the jail.

Once the Community Outreach Captain has granted approval for removal of a subject from jail, the investigating officer should:

- Coordinate with the Jail Operations Sergeant, Jail Mental Health Workers, and an MPD supervisor to plan for safe transfer of custody and transport.

- Consider requesting jail personnel's assistance in restraining the subject in their custody and transporting the subject to a hospital using special equipment and vehicles.
- Communicate with Journey to determine the appropriate local hospital for medical clearance purposes, and to begin coordination of patient acceptance to receiving facility.

Dane County Sheriff's Office-Initiated Emergency Detentions

When a subject's predominant pattern of dangerous behavior occurred while the subject is in custody at the Dane County Jail, the Dane County Sheriff's Office should generally perform the Emergency Detention.

RESPONDING TO SUBJECTS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

The Madison Police Department (MPD) recognizes that police may have contact with subjects who live with intellectual/developmental disabilities (IDD). MPD's primary role when responding to incidents involving subjects with IDD is to ensure their safety and the safety of those around them. It may be appropriate for others, such as caregivers, family members, or others service providers to attempt to support the subject prior to and during police intervention. MPD will assist with stabilizing a dangerous scene if a subject is combative and unable to be calmed.

Some subjects with IDD may reside at an assisted living facility or adult family home. In some cases, a subject who is placed in a Dane County adult family home may have a different county of residence and that county of residence is responsible for the coordination of their care. In adult family homes, staff are responsible for managing resident needs and for working with MPD to keep everyone safe. Managed care organizations, the Dane County Behavioral Health Resource Center, and the Waisman Center can all be resources for families and caregivers.

When responding to subjects with IDD, officers should consider the following:

- If caregivers or other service providers are present, inquire about the care plan in place for the subject, particularly when the subject is physically combative. Questions that may be helpful to ask include:
  - Does the subject give any signs prior to becoming combative?
  - What calms the subject down?
  - What is the subject's legal status? (e.g., do they have a legal guardian, are they protectively placed, do they have a Chapter 51 order?)
  - Is the subject prescribed medication(s) and has the subject's doctor been consulted?
- Consult with Journey Mental Health and with caregivers on investigations.
- Criminal charges or citations are generally not appropriate for subjects who live with IDD. In some circumstances however, they may be appropriate.
- If a subject with IDD at an assisted living facility requires no emergency medical treatment or evaluation and if caregivers believe the subject needs to be evaluated at a hospital, facility staff should arrange transport.
- If a subject with IDD requires emergency medical treatment, officers should consider requesting EMS to transport them to the hospital. If the subject cannot be safely transported by EMS or a caregiver, MPD will assist in transporting the subject to a local hospital.
- If officers have concerns for the care and wellbeing of the subject, they should contact Child Protective Services or Adult Protective Services to report their concerns.

RESPONDING TO SUBJECTS WITH DEMENTIA

The Madison Police Department (MPD) recognizes that dementia is a progressive illness in which subject's symptoms and behaviors can change, requiring increased levels of care over time. Subjects with dementia may exhibit unsafe behavior, to include combativeness or wandering and becoming lost.

MPD's primary role in these calls is to ensure their safety and the safety of those around them. It may be appropriate for others, such as caregivers, family members, or others service providers to attempt to support the subject prior to and during police intervention. MPD will assist with stabilizing a dangerous scene if a subject is combative and unable to be calmed.

Some subjects with dementia may reside at assisted living facilities. Assisted living facility staff are responsible for managing resident needs and for working with MPD to keep everyone safe. Adult Protective Services, the Aging and Disability Resource Center, and Wisconsin Alzheimer's and Dementia Alliance can all be resources for assisted living facilities and for families.

When responding to subjects with dementia, officers should consider the following:

- If caregivers or other service providers are present, inquire about the care plan in place for the subject, particularly when the subject is physically combative. Questions that may be helpful to ask include:
  - Does the subject give any signs prior to becoming combative?
  - What calms the subject down?
  - What is the subject's legal status? (e.g., do they have a legal guardian, are they protectively placed, do they have a Chapter 51 order?)
  - Is the subject prescribed medication(s) and has the subject's doctor been consulted?
- Wisconsin case law directs that subjects with permanent disabilities that are likely not capable of rehabilitation (i.e., dementia and no other treatable condition) are not to be committed under Chapter 51 procedures, which includes emergency detention. Dementia can co-occur with other disorders and disabilities, so it is best to consult with Journey Mental Health and with caregivers on investigations.
- Criminal charges or citations are generally not appropriate for subjects diagnosed with dementia.
- If a subject with dementia at an assisted living facility requires no emergency medical treatment or evaluation and if caregivers believe the subject needs to be evaluated at a hospital, facility staff should arrange transport.
- If a subject with dementia requires emergency medical treatment or evaluation, officers should consider requesting EMS to transport them to the hospital. If the subject cannot be safely transported by EMS or a caregiver, MPD will assist in transporting the subject to a local hospital.
- If officers have concerns for the care and wellbeing of the subject, they should contact Adult Protective Services to report their concerns.

Original SOP: 05/29/2015
(Reviewed Only: 02/15/2016, 01/30/2019, 01/11/2021, 02/04/2022, 01/31/2023, 02/05/2024, 01/31/2026)
(Revised: 12/22/2016, 07/19/2017, 12/13/2017, 01/25/2018, 06/08/2018, 01/27/2020, 05/13/2022, 06/12/2023, 02/03/2025, 06/09/2025)