

Emergency Transport of Persons Experiencing an Emotional Crisis Model Policy

June 2026



**Municipal Police
Training Council**

New York State Division of Criminal Justice Services
80 South Swan Street, Albany, New York 12210

www.criminaljustice.ny.gov



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Emergency Transport of Persons Experiencing an Emotional Crisis Model Policy

The Emergency Transport of Persons Experiencing an Emotional Crisis Model Policy is intended to allow for the individual needs of each of the police departments in New York State regardless of size or resource limitations. Law Enforcement are encouraged to customize these protocols to meet their regional needs, while being mindful of the intent of the policy. As with all model policies adopted by the Municipal Police Training Council (MPTC), this policy is non-binding upon agencies within New York State and is meant to serve as a guide to be used in developing a department's individual policy. The Municipal Police Training Council (MPTC) approved the model policy during their June 2026 meeting.

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Albany Medical Center

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New York State Sheriff's Association

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I. Purpose

The purpose of this document is to establish procedures for consideration by agencies in development of their own policies for police and peace officers when encountering individuals who appear mentally ill and require emergency transport pursuant to the relevant sections of Article 9 of the NYS Mental Hygiene Law, including, but not limited to, statutory requirements related to assisting individuals at risk of suffering from physical harm due to an inability or refusal, due to their mental illness, to provide for essential needs.

It is important to note that this document serves as a high-level framework because it is not possible to provide specific guidance to each jurisdiction. The content should be analyzed and tailored to meet an agency's needs. Agencies may have other policies that address certain provisions in this document which should be considered during this analysis. This document is not intended to be a substitute for proper training on responding to individuals appearing to be mentally ill.

II. Policy

This policy prioritizes the safety of all involved in any interaction, with a commitment to utilizing appropriate means to manage each situation while respecting the constitutional rights of an individual. This policy requires that responses balance the safety of officers, the public, and the individual while upholding applicable laws.

Officers shall respond to individuals experiencing an emotional crisis with empathy and professionalism and prioritize the connection of those individuals to appropriate mental health and medical resources. In addition, agencies shall encourage behavioral health collaboration with mental health professionals, peer supporters with lived experience, and mobile crisis co-response services when available and appropriate.¹ Agencies may choose to allow mobile crisis responders to take the lead in engaging persons experiencing an emotional crisis while maintaining scene safety and providing necessary support to mobile crisis responders.

III. Definitions

- A. **Barricaded Subject Incident** - An incident when a person experiencing an emotional crisis refuses to cooperate with an emergency transport, maintains a position of cover or concealment and is unwilling or unable to

¹ Peer support workers are individuals with personal lived experience of recovery from mental health or substance abuse challenges who are trained to offer non-clinical support to persons experiencing an emotional crisis. These workers are separate and distinct from police peer support specialists.

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follow verbal direction from law enforcement personnel.

- B. **De-escalation** - The process of using verbal and non-verbal strategies intended to reduce the intensity of a conflict with the intent of gaining compliance without the application of force, or if force is necessary, reducing the amount of force required.²
- C. **Emergency Transport** - Refers to the process authorized under NYS Mental Hygiene Law (MHY), permitting the custody and transportation of an individual to an approved facility for emergency assessment, admission, or evaluation.
- D. **Likely to result in serious harm** - As defined by MHY § 9.01 to mean:
1. A substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to themselves, or
 2. A substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm, or
 3. A substantial risk of physical harm to the person due to an inability or refusal, as a result of their mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter.
- E. **Person experiencing an emotional crisis**³ - An individual experiencing emotional distress and is conducting themselves in a manner which is likely to result in serious harm to themselves or others.
- Note: For purposes of this model policy, a person may be considered to be experiencing an emotional crisis even if the underlying cause is unclear (for example, potential intoxication, developmental disability, medical condition).
- F. **Mental Illness** - An affliction with a mental disease or condition that is manifested by a disorder or disturbance in behavior, feeling, thinking, or

² Ontario Police College. 2023, p.13. Public-Police Interactions Training Aid Framework. Toronto: Ontario Police College.

³ EXC § 170-j

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judgment to such an extent that the person afflicted requires care, treatment and rehabilitation.⁴

- G. **Qualified Personnel** - Any individual who has the authority to direct or request an officer to take a person into custody and transport or assist transporting the individual pursuant to Mental Hygiene Law Article 9 including a director of community services or designee, any physician designated by the director of community services, an authorized physician or qualified mental health professional who is a member of a mobile crisis outreach team, or a qualified psychiatrist.^{5,6,7}
- H. **Qualified Mental Health Professional** - Shall mean a licensed psychologist, registered professional nurse, licensed clinical social worker or a licensed master social worker under the supervision of a physician, psychologist or licensed clinical social worker.

IV. Emergency Transport by an Officer's Independent Authority (MHY §9.41)

- A. Officers may take a person into custody pursuant to Mental Hygiene Law § 9.41 for an emergency transport who appears to be mentally ill and is conducting themselves in a manner which is likely to result in serious harm to themselves or others.

Emergency transport procedures if criteria are met:

1. Cooperative transport
 - a. Officers may inquire if the individual agrees to be transported.
 - b. If the individual agrees to an emergency transport, the person must be informed of the availability of a crisis stabilization center services, where available.⁸
 - c. If a crisis stabilization center is not available, the individual may be transported to a hospital as specified in MHY § 9.39 or comprehensive psychiatric emergency program to

⁴ MHY § 1.03(20)

⁵ MHY § 9.01(f)

⁶ MHY § 9.58

⁷ MHY § 9.01(g)

⁸ MHY §§ 36.01, 36.02(b)(c) - Crisis stabilization services only accept cooperative referrals.

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conduct the evaluation, based on the availability of community health resources.⁹

- d. Support the individual's decision for treatment by directing the removal of the individual by Emergency Medical Services (EMS) transport, if practicable, based upon the person's potential medical needs and the capacity limits of the local emergency medical services agencies, as determined by the local emergency medical services agencies; and the safety of the person being removed, as determined by the officer. If EMS transport is not practicable, the individual may be transported in an agency vehicle unless prohibited by an agency's policy.^{10,11}
- e. If at any time the individual withdraws cooperation for an emergency transport and the criteria have been met, the officer shall initiate an uncooperative emergency transport following the procedures of this section.

2. Uncooperative transport

- a. When cooperative compliance for the emergency transport cannot be obtained, refer to Section VI of this policy for response considerations.
- b. The officer shall direct the removal of the individual by EMS transport to a hospital specified in MHY § 9.39 or a comprehensive psychiatric emergency program. If EMS transport is not practicable, based upon the person's potential medical needs and the capacity limits of the local emergency medical services agencies, as determined by the local emergency medical services agencies; and the safety of the person being removed, as determined by the officer. If EMS transport is not practicable, the individual may be transported in an agency vehicle unless prohibited by an agency's policy.^{12,13}

⁹ MHY 9.41

¹⁰ PBH § 3001.1

¹¹ MHY § 9.41

¹² MHY § 9.39

¹³ MHY § 9.40

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- c. When an uncooperative individual is transported by EMS, an officer shall accompany EMS with the individual.
 - d. Conduct all applicable notifications to agency supervisor and the Director of Community Services (DCS) or designee.¹⁴
 - e. Remain available to provide clarification regarding the grounds for emergency transport and, when necessary, deliver a verbal summary of the circumstances leading to the involuntary custody.
3. On arrival at the receiving facility, the officer shall communicate to the receiving nurse or social worker the behaviors, conditions, and context that resulted in the determination that the individual needed transport. To ensure the information is not lost with changes in hospital shift, the officer will provide such communication in writing.

V. Emergency Transport When Directed or Requested by a Qualified Personnel

- A. Requests for emergency transport by Qualified Personnel shall be conducted in accordance with this policy. When cooperative compliance for the directed emergency transport cannot be obtained, refer to Section VI of this policy for response considerations.
 1. Upon written direction or request from a DCS or their designee, an officer shall take a person into custody and transport or assist EMS in transporting the individual to the appropriate facility.¹⁵
 2. Upon the request of a qualified psychiatrist, from a hospital without an inpatient psychiatric service, who is currently supervising the treatment of or treating the individual, who has determined an individual appears to have a mental illness likely to result in serious harm to themselves or others for which immediate observation, care and treatment is appropriate, an officer shall take into custody the individual and transport or assist EMS in the transportation to the appropriate facility.¹⁶

¹⁴ Agencies should develop communications protocols with DCS or designee to ensure these notifications occur. Timely notification aids in identifying individuals that have frequent contact with law enforcement creating opportunities to improve connection with services.

¹⁵ MHY § 9.45

¹⁶ MHY § 9.55

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3. Upon the request of a physician or director of a hospital or the director's designee who has determined an individual appears to have a mental illness which is likely to result in serious harm to themselves or others for which immediate observation, care and treatment is needed and does not have appropriate inpatient psychiatric services, an officer shall take into custody the individual and transport or assist EMS in the transportation to the appropriate facility.¹⁷
 4. Upon the direction of an authorized physician or qualified mental health professional who is a member of a mobile crisis outreach team and determines an individual appears to be mentally ill and is conducting themselves in a manner which is likely to result in serious harm to themselves or others, an officer shall take into custody and transport or assist EMS in the transportation of the person to the appropriate facility.¹⁸ Officers shall confirm and document the reason for removal as determined by the mobile crisis outreach team.
 5. An officer, upon the direction of a physician, DCS or designee, or any physician designated by the director of community services, shall take an individual known to be on an Assisted Outpatient Treatment Order into custody for failure to comply with court ordered outpatient treatment and transport or assist EMS in the transportation of the person to the appropriate facility.¹⁹
- B. The agency shall maintain a designated point of contact to receive and process directives and requests from qualified personnel under the Mental Hygiene Law. These points of contact shall be responsible for:
1. Receiving Orders: Ensure that all directives from authorized entities are promptly received and verified, and that any additional information necessary to support the officer's decision-making during an emergency transport is obtained.
 2. Coordination: Communicate orders and any additional information obtained to the appropriate command staff, supervisors, or field personnel to ensure timely and lawful execution.

¹⁷ MHY § 9.57

¹⁸ MHY § 9.58

¹⁹ MHY § 9.60

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3. Documentation: Record the receipt, dissemination, and action taken on all such orders using departmental reporting systems and any required agency-specific forms.

VI. Use of Force Consideration When Executing an Emergency Transport

- A. When taking custody of a person pursuant to the Mental Hygiene Law, objectively reasonable force may be used when:
 1. It is reasonably believed to be necessary to prevent imminent physical harm to self or others.
 2. It is reasonably believed to be necessary to remove a person for treatment when that person engages in conduct likely to result in imminent serious harm to themselves or others.
 3. Any force used must be objectively reasonable in light of the totality of the circumstances including the harm that is sought to be prevented when the person poses a risk of harm to themselves and not others.²⁰
- B. Reasonable efforts to safely resolve issues involving people experiencing a mental health crisis without the need for force should be made when an officer is acting to take a person into custody for an emergency transport pursuant to Mental Hygiene Law.
- C. Officers must consider the totality of the circumstances in deciding whether force is necessary and how much force should be used to immediately take a person experiencing an emotional crisis into custody.
- D. Consider requesting specialized resources, if available. Examples include but are not limited to a crisis intervention officer or team, mobile crisis team, agency social worker, peer support worker, or mental health care provider.
- E. Use conflict resolution principles of time, distance, and cover based on the facts reasonably known at the time of the event to achieve de-escalation, when practicable.

²⁰ Estate of Armstrong v. Village of Pinehurst, 810 F.3d 892, 903 (4th Cir. 2016): “Where a seizure's sole justification is preventing harm to the subject of the seizure, the government has little interest in using force to effect that seizure. Rather, using force likely to harm the subject is manifestly contrary to the government's interest in initiating that seizure.”

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- F. Officers should consider that apparent non-compliance to lawful orders may be caused by factors other than a willful disregard to comply including but not limited to a language barrier, medical condition, sensory deficit, mental illness, or developmental disability.
- G. If force or restraint other than compliant handcuffing is required to take an individual into custody by an officer acting under individual authority or by a directive/request from qualified personnel:
 - 1. Request EMS to scene immediately, if necessary.
 - 2. If a person has been placed into a prone position after being taken into custody, the individual should be moved from that position as soon as safely possible.
- H. When an emergency transport is directed or requested by qualified personnel pursuant to the Mental Hygiene Law, officers should, when feasible and consistent with officer safety and the safety of others on scene, prioritize gaining cooperative compliance through verbal techniques and mental health resources before resorting to the use of force.
 - 1. When practical, notify supervisor if attempts to gain cooperative compliance result in the individual refusing to submit to the emergency transport directive/request.
 - 2. Supervisor should confer with the stakeholder of the emergency transport directive/request to determine the exigent nature of the circumstances requiring immediate treatment. Consultation with agency counsel may be considered prior to utilizing force to fulfill the order.

VII. Barricaded Subject Incidents Involving Persons Experiencing an Emotional Crisis

- A. When a barricaded subject incident is identified, officers shall immediately assess safety and security for:
 - 1. Presence of weapons and or threats made by subject.
 - 2. Location and safety of potential victims or hostages.
 - 3. Risk to officers and public safety.

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4. Environmental factors affecting containment. (e.g., number and location of exits, type of structure occupied, potential for injury to uninvolved individuals, etc.)
- B. Responding officers shall notify their immediate supervisor or alternate, if not available, of the barricaded subject.
- C. Request a specialized unit such as mobile crisis teams, specialized response unit, or Crisis Negotiation Team, if necessary.
- D. Engagement Considerations
 1. Officers should evaluate whether changing the engagement approach from the goal of immediate custody is appropriate when handling barricaded subject incidents, particularly when the subject does not pose an immediate threat to life or safety and time and circumstances permit alternative approaches.
 2. Agencies should develop a clear disengagement policy in collaboration with local behavioral health and social service agencies, for use during calls for service involving persons experiencing an emotional crisis.
 3. The decision to re-engage may occur under circumstances including, but not limited to, the following:
 - a. The subject's behavior poses an immediate threat to life or safety.
 - b. The subject attempts to flee containment.
 - c. Hostages are taken or threatened.
 - d. Fire, hazardous materials, or other emergencies develop.

VIII. Arrest for Criminal Offenses of Individuals When Conducting an Emergency Transport.

- A. In cases involving an emergency transport, officers shall prioritize the emergency transport process and are encouraged to utilize discretion when arresting an individual taken into custody for minor criminal offenses,

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such as violations, traffic infractions, or other non-violent misdemeanors that do not present an immediate threat to public safety.²¹

- B. When an individual qualifies for an emergency transport and there is probable cause to believe the individual has committed a serious criminal offense, officers shall document the individual's mental health condition, notify supervisory personnel, and coordinate with jail medical staff and appropriate mental health authorities to initiate evaluation and treatment consistent with the Mental Hygiene Law.

IX. Documentation

- A. Actions taken by an officer when taking an individual into custody under the Mental Hygiene Law shall be thoroughly documented on the appropriate emergency admissions/triage intake form, the officer's report and, on any agency-specific forms required for such incidents. Documentation should include, but not be limited to:
 - 1. Observed behaviors and circumstances that established the criteria to take the individual into custody.
 - 2. All internal or external notifications made.
 - 3. Any force or restraints used.
 - 4. Transportation details.
 - 5. Transfer of custody to medical personnel or a designated facility.
 - 6. Extreme Risk Protection Order (ERPO) application, if applicable.²²
- B. Contact parent(s)/guardian(s) if the individual is under 18 years of age following agency's procedures to document the contact.
- C. Any supplemental forms should also be completed including but not limited to any required emergency assessment forms and/or appropriate facility documentation.

²¹ Agencies should establish clear procedures for managing persons experiencing an emotional crisis with active warrants when there is a need for emergency transport. These procedures should prioritize the individual's immediate need for appropriate mental health care and define how warrant-related matters are addressed during or after the emergency transport.

²² Refer to agency's ERPO policy. The MPTC ERPO Model Policy can be found at: https://www.criminaljustice.ny.gov/crimnet/ojsa/standards/mptc_erp_modelpolicy2025%20final.pdf

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X. Supervisor Responsibilities

A. Scene response

1. A supervisor should respond to the scene of any law enforcement interaction involving a person experiencing an emotional crisis, when that individual is alleged to be armed or is threatening serious bodily injury upon members of the public. When available, a supervisor should respond to the scene when requested by an officer.
2. Upon arrival, the responding supervisor is responsible for the following including but not limited to:
 - a. Ensuring that appropriate and sufficient resources are secured to support a safe and effective resolution of the incident. Consider utilizing mobile crisis co-responders where available and resources permit.
 - b. Closely monitoring any use of force, including the application of restraints, and ensure that individuals receive timely medical evaluation and care following a use of force incident.
 - c. Evaluating the need for strategic disengagement, when there is no imminent threat to public safety or the individual. This may include reducing or removing law enforcement presence, or transitioning to passive monitoring, as appropriate to the situation.
 - d. Ensuring all required reports are completed accurately and promptly.

B. Post-incident response

1. Supervisor shall review all documentation to ensure accuracy, completeness, and compliance with applicable laws and agency policy. This should include review of body-worn camera footage, if necessary.
2. Agencies should consider conducting after-action reviews to support continuous improvement in mental health response, enhance officer and community safety, reinforce effective practices, and inform ongoing training, policy development, and strengthen coordinated response efforts.

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XI. Training

- A. All officers shall receive initial and periodic retraining developed and delivered in partnership with appropriate state agencies, DCS, mental health practitioners, local EMS, emergency services communications professionals, and community experts on the following topics: ²³
1. Legal framework of the Mental Hygiene Law for emergency transport.
 2. Procedural and documentation procedures for emergency transport.
 3. Recognition of indicators that may suggest an individual is experiencing an emotional crisis.
 4. Intervention strategies and techniques to safely engage individuals who may be experiencing an emotional crisis.
 5. Recognition of indicators that may suggest a person in an emotional crisis is experiencing a medical emergency and the appropriate response to these situations.
 6. Use of force considerations for involuntary emergency transports.
 7. Coordination with mental health professionals, mobile crisis teams, peer support workers, and other community resources.
- B. This list of training topics is intended to serve as a general framework and is not intended to be exhaustive or all-inclusive.

²³ Law enforcement should work in close coordination with dispatchers, who serve as a critical component in mental health response, to establish clear and consistent communication protocols for calls involving individuals experiencing mental health crises.