



RESPONDING TO BEHAVIORAL HEALTH EMERGENCIES AND PERSONS WITH AN ALTERED MENTAL STATUS

FC No.: 921

Date: 10-27-22

If a provision of a regulation, departmental directive, rule, or procedure conflicts with a provision of the contract, the contract prevails except where the contract provision conflicts with State law or the Police Collective Bargaining Law. (FOP Contract, Article 61)

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I. Purpose

This directive provides guidance to officers when responding to or encountering situations involving persons displaying behaviors consistent with a mental disorder or crisis.

II. Policy

The department's policy is to provide a comprehensive response to individuals who display symptoms of a mental disorder. Under Maryland law, police officers, duly licensed physicians, certified psychologists, licensed clinical social workers, licensed clinical professional counselors, clinical psychiatric/ mental health nurses, psychiatric nurse practitioners, licensed clinical marriage and family therapists, health officers or designees of a health office can seek emergency evaluation of individuals whom they feel meet the established criteria. When an officer suspects an individual suffers a mental disorder and presents a danger to the life and safety of the individual or others, the officer will take the individual into custody and complete the Petition for Emergency Evaluation (and the accompanying procedures) as

outlined in this directive. The petition for the emergency evaluation may be based on examination, observation, or other information that is pertinent to the factors giving rise to the petition.

III. Definitions:

For purposes of this directive, the following terms have the meanings indicated.

- A. **Clinical Assessment Triage Services (CATS):** *Assigned to Montgomery County Detention Center (MCDC), responsible for conducting mental health assessment during the intake process.*
- B. **Consumer:** *An individual who receives mental health services (public or private) and/or suffers from a mental disorder and/or a developmental/intellectual/cognitive disability.*
- C. **Emergency Evaluation Petition (EEP):** *An EEP is a process by which an individual suspected of having a mental disorder, who presents a danger to the life and safety of themselves or others, is evaluated by a mental health professional in a clinical setting.*
- D. **Emergency Facility:** *A facility that the Maryland Department of Health designates, in writing, as an emergency facility. Emergency facility includes a licensed general hospital that has an emergency room.*
- E. **Emergency Facility Personnel:** *A physician, physician assistant, nurse practitioner or other advanced practice professional employed or under contract with the emergency facility.*
- F. **Evaluee:** *An individual for whom an emergency evaluation (petition) is sought or made.*
- G. **Hospital Warrant:** *In accordance with Maryland Code, Health-General Article 12-120, a warrant issued by the court where a determination that probable cause exists that the named defendant has violated a conditional release under Title 12 of the Health-General Article.*
- H. **Mental Disorder:** *A diagnosable condition that affects a person's thinking, emotional state and behavior. Disrupts the person's ability to work, carry out daily activities and engage in satisfying relationships.*
- I. **Mental Health Professional:** *Physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist, psychiatric nurse practitioner or their designee operating as part of a Mobile Crisis Team.*
- J. **Mobile Crisis Outreach Team:** *A Department of Health and Human Services (HHS) team made up of mental health professionals who help adults and children having a mental health crisis.*
- K. **Petitioner:** *Peace officer, mental health professional or an interested person (citizen). Judicial review is required for interested persons' petition.*

IV. Crisis Intervention Team (CIT)

- A. The Crisis Intervention Team (CIT) consists of officers trained in *managing the consumer and techniques used to effectively de-escalate crisis incidents involving persons with an altered mental state.*
- B. Employees *that have not received crisis intervention training and* are interested in becoming a CIT *trained, should notify their supervisor of their interest in the training program. CIT training dates are posted via the PSTA scheduling software system.*

C. **Training**

Employees (both sworn and non-sworn) receive 40 hours of instruction on mental **health disorders** and techniques used to effectively de-escalate crisis incidents involving consumers. Upon completion of the 40 hours of training, the employees will become certified as CIT members. CIT members will be awarded a CIT insignia to be worn above their nametags.

D. ***Officers that are CIT certified*** will be identified in the CAD with a ***special skill designator***, so they can be dispatched when requested to handle complicated mental **health** calls for service. The CIT officer will respond to the scene when requested by the **supervisor**, beat officer or officer assigned to the call. If there are no trained CIT officers available in a specific district, an adjoining district CIT officer and that officer's supervisor will be notified of the need for the CIT officer to respond.

E. Once the CIT officer is on the scene of a mental **health** call, the CIT officer becomes the primary officer. This does not relieve the first officer on the scene of a hostage, barricade, or life-threatening situation from activating the Emergency Response Team as directed in FC 950, "Emergency Response to Hostage, Barricade, and All Life-Threatening Situations," if such activation is tactically necessary.

F. The CIT officer will determine:

1. If the consumer is in need of an Emergency Evaluation Petition.
2. If a **HHS Mobile Crisis Outreach** Team needs to respond to assist.
3. If the consumer needs to be charged criminally or diverted to mental health services. (Refer to section **VI and Appendix A**)
4. If the consumer does not require immediate medical or mental health attention and can be referred to resources available during normal business hours (***e.g. Crisis Center, group home, other mental health professional***).

G. The CIT officer will complete:

1. An MCP 922, "***Mental Health Consumer Report***" and forward it to the ***Crisis Response Support Section (CRSS)***.
2. All other required reports ***and applicable paperwork***.

H. The Crisis Intervention Team Coordinator is ***a designated centralized team member*** assigned to ***the Crisis Response Support Section, Community Engagement Division*** and can be contacted at (240) 773-5057 or by fax at (240) 773- 5045. ***After hours CIT requests can be made via ECC.***

V. ***Interactions with Consumers***

A. **Symptoms**

Some symptoms of an altered mental state include, but are not limited to:

1. ***Disorientation***
2. ***Loss of memory regarding their identity, time, or place.***
3. ***Displaying inappropriate or impulsive behavior.***
4. ***Hallucinations (auditory or visual) or feelings of persecution.***
5. ***Paranoia***
6. ***Talking to themselves, such as responding to auditory hallucinations.***
7. ***Describing unrealistic, abnormal, and/or delusional physical symptoms or thoughts.***

B. **De-Escalation**

In accordance with officer safety techniques, steps that can be taken to de-escalate a situation involving a person suspected of having a mental disorder include, but are not limited to:

1. ***When possible, turn off emergency lights and sirens.***
2. ***Disperse crowds.***

3. *Assume a non-threatening manner when approaching the individual.*
4. *Communicate with the individual in a calm fashion.*
5. *Always be truthful when dealing with an individual with a mental disorder; if the person becomes aware of deception, they may withdraw in distrust or retaliate in anger.*

VI. Interviews/Arrest Alternatives for Consumers

A. Interviews

If an officer suspects that a person to be interviewed has a mental disorder, special precautions must be taken to ensure that any statements made are voluntary and credible. Efforts should be made to gather information about the person's mental condition from credible sources such as witnesses and family members or reports of forensic analysis. Officers shall corroborate the individual's statements with information obtained from these sources.

B. Arrest Alternatives

When dealing with a consumer, who has committed non-violent, minor violations, an officer should consider either:

1. *Initiating an EEP instead of filing criminal charges, or*
2. *Pre-booking diversion alternative to arrest*

Note: If criminal charges have been filed and the officer believes that mental health treatment is necessary, the officer may initiate an EEP in addition to the criminal charges. Officers shall articulate the totality of the circumstances that led to the arrest or petition in their incident report.

C. Pre-Booking Diversion (Appendix A)

Pre-booking diversions will be completed at the Central Processing Unit (CPU). While in transit to CPU, officers will have the CPU booking officer/supervisor contact CATS (Clinical Assessment and Triage Services) to have the consumer evaluated. If the CATS staff is not available, while they are in transit to CPU with the consumer, the officers will request ECC to notify the Crisis Center. Crisis Center staff will meet the officer at CPU to conduct the pre-booking diversion assessment.

VII. Petition Procedure

A. Citizen Petitioners

1. *Any interested person* who has reason to believe a person is suffering from a mental disorder and presents a danger to the life and safety of the individual or others may complete a petition for the emergency evaluation of that person. Judicial review is required when a citizen is the petitioner.
2. If the court is open:
 - a. The petitioner will present the petition to a judge of the District Court for immediate review.
 - b. Upon determining that probable cause exists to detain the subject named in the petition, the judge will sign the order and direct the Sheriff's Office to take the subject into custody and transport the subject to an emergency facility.
 - c. If the judge determines the petition does not establish probable cause, the judge will order no further action.
3. If the District Court is closed:
 - a. The petitioner will request a petition application from the nearest available District Court Commissioner.
 - b. The Commissioner will take appropriate action to provide for review of the petition by the on-call judge.
 - c. If the judge signs the order, the commissioner will contact the Sheriff's Office for service of the order. If the Sheriff's Office is not available, the commissioner will contact MCPD for service of the petition.

d. The life of the judge's order is five days.

B. Departmental Responsibilities in Serving Petitions Obtained by Citizens

1. The petitioner *may* respond with the petition to the district where the petition is to be served.
2. The primary concern is the welfare of the evaluatee and other citizens. Supervisors will not delay service of a petition arbitrarily. If all officers are already assigned to non-emergency calls, supervisors should reassign officers to ensure that the petition is served as soon as possible. Delay of service is appropriate when:
 - a. The evaluatee (or others) would not be endangered due to the delay, or
 - b. Other factors necessitate a delay (e.g. higher priority calls, no officers available, etc.).
3. A minimum of two officers will be assigned to serve the petition. One of the officers should be the same sex as the person named in the petition whenever practical.
4. Officers serving a petition will notify ECC of their status.
5. The supervisor responsible for overseeing service of the petition will ensure that:
 - a. *The petition is completed and signed.*
 - b. The MCPD 922 is completed.
 - c. The individual named in the petition is placed in custody as soon as possible.
 - d. The individual is transported to the closest designated emergency facility for evaluation (Holy Cross *Silver Spring* or *Germantown, Medstar Montgomery Medical Center*, Shady Grove Adventist, Suburban, or Adventist *White Oak Medical Center*).
6. If officers locate the evaluatee, two officers will take the evaluatee into custody and transport the evaluatee to the nearest *emergency facility* utilizing a single vehicle. *Officers must notify the emergency facility they are in transit with an emergency petition.* Officers will request that the dispatcher have the station call the *emergency facility* and advise them *MCPD is bringing in an evaluatee* for an emergency evaluation and request that hospital security meet them in the emergency room. *Officers should also advise whether the evaluatee is cooperative or uncooperative.*
7. If officers assigned to serve a petition are unable to locate the evaluatee, *the officers will notify their supervisor.* The supervisor will determine whether additional attempts at service will be made by the police or if the petition should be returned to the Sheriff's Office *Domestic Violence (DV) Section*.
8. If the supervisor determines that additional attempts at service *are not possible or feasible, the supervisor will designate an officer to contact the Montgomery County Sheriff's Office DV Section at 240-777-7016 (24-hours) and transport the original petition to the Sheriff's DV section located at 600 Jefferson Plaza suite #500 (Family Justice Center) in Rockville. The Sheriff's Office will record MCPD's attempted service of the petition until it is either served or expires (5 days).*
9. If a person named in a petition is subsequently located (e.g., if a family member finds the person and notifies the Sheriff's Office), and the petition is at the Sheriff's Office, the Sheriff's Office will *verify the petition and* contact ECC to request *MCPD* serve the petition when a Sheriff's Office supervisor has determined that:
 - a. The Sheriff's *DV Section* is out of service,
 - b. The Sheriff's Office has no other personnel available to serve the petition, and
 - c. Delaying the service would endanger the evaluatee or others.
10. *In the event MCPD serves the petition, the Sheriff's Office will ensure the transfer of the original petition to the officer who has the evaluatee in protective custody as soon as possible.*

C. Responsibilities of Police Officers as Petitioners

1. If a police officer has probable cause to believe that a person has a mental disorder and the person presents a danger to the life or safety of the individual or of others, the officer will take the subject into custody and transport the subject to the nearest designated emergency facility *within the state*. The petition may be based on examination, observation, or *other* information *obtained that is* pertinent to the factors giving rise to the petition (*Maryland Code, Health-General Article § 10-622*). NOTE: The police officer does NOT have to observe the behavior.
2. *Officers must notify the emergency facility they are in transit with an emergency petition. Officers will request that the dispatcher have the station call the emergency facility and advise them MCPD*

is bringing in an evaluatee for an emergency evaluation and request that hospital security meet them in the emergency room. Officers should also advise whether the evaluatee is cooperative or uncooperative.

3. Once at the **emergency facility**, officers will complete side 1 of the CC/DC 13, "Petition for Emergency Evaluation," (Appendix B) and the top half of the CC/DC 14, "Additional Certification by Peace Officer." (Appendix C). Both forms will be presented to the **charge nurse** of the emergency room at the hospital. Officers completing the forms must sign their names and write their titles (e.g., Police Officer III), ID numbers, **and e-mail** next to their names **in block 11 of the petition (CC/DC 13) in the event the emergency facility personnel need to contact the officer for additional information or to request the officer attend an administrative law hearing if the consumer is admitted involuntarily.**
4. Officers will take immediate action to prevent harm to all persons. Police officers are not civilly or criminally liable for completing a Petition for Emergency Evaluation or for taking a person into custody for an evaluation when it is done in good faith. As with a physician, certified psychologist, health officer, or designee of the Health Officer, no prior judicial review is required.
5. **Officers will complete the incident report and forward form MCP 922 along with copies of the petition and incident report via inter-office mail to the Crisis Response Support Section. Officers should scan all appropriate paperwork related to the incident (petition, MCP 922, notes, etc.) into their incident report.**

D. Crisis Center/Mobile Crisis **Outreach** Team Staff as Petitioners

1. The staff of the Montgomery County Crisis Center, which includes the Mobile Crisis **Outreach** Teams (**MC-43, MC-44, and MC-45**), are **licensed clinicians credentialed to initiate emergency petitions**. Emergency Evaluation Petitions signed by the Crisis Center staff either at the Crisis Center or on-site in the community do not require prior judicial review. The address and phone number for the Crisis Center are:
1301 Piccard Drive
Rockville, MD 20850
(240) 777-4000 (**24 Hours**)
2. Upon the completion and signing of a petition for emergency evaluation in accordance with all legal criteria and requirements, the Crisis Center staff will contact ECC to request assistance for service of the petition.
3. ECC will dispatch the Sheriff's **DV Section**. If the Sheriff's **DV Section** is unavailable, ECC will advise a supervisor in the district where the petition is to be served. **The supervisor will assign a minimum of two officers to serve the petition. The supervisor will assign at least one officer of the same sex as the person named in the petition whenever practical. When presented with a petition for service, officers will complete the bottom half of the CC/DC 14 ("certifications by other persons qualified under HG 10-622 and peace officer").**
4. **Officers must notify the emergency facility they are in transit with an emergency petition. Officers will request that the dispatcher have the station call the emergency facility and advise them MCPD is bringing in an evaluatee for an emergency evaluation and request that hospital security meet them in the emergency room. Officers should also advise whether the evaluatee is cooperative or uncooperative.** Officers will document the transport on the MCP 922. **Officers will complete and forward the MCP 922 along with a copy of the petition via interoffice mail to Crisis Response and Support Section (CRSS) HQ 3rd Floor.**

E. Other Assistance Requested by the Mobile Crisis **Outreach** Team

If a Mobile Crisis **Outreach** Team requests police assistance for any reason other than actual petition service (e.g., back-up/security to interview a potential evaluatee, etc.), the police will provide assistance as appropriate.

F. Other Assistance Requested at Emergency Facilities

In instances where an emergency facility requests police assistance for a person with a mental disorder, officers will meet with the emergency facility personnel and provide the appropriate support.

- 1. In cases where an evaluatee is at the emergency facility but has not been admitted and not under the care of emergency facility personnel (e.g. parking lot, waiting room and reception desk), officers will respond and may petition the evaluatee at the emergency facility.*
- 2. In cases where the evaluatee has been admitted within the emergency facility and is under the care of emergency facility personnel, officers will advise the emergency facility personnel complete the DHMH Form 34 (Application for involuntary admission) and DHMH Form 2 (Physician Certificate) for involuntary admission.*

VIII. Procedure While at the Emergency Facility

- The emergency facility must accept the individual for evaluation upon a properly executed petition (*EMTALA – Emergency Medical Treatment Active Labor Act*).
- Officers will give emergency room staff all pertinent information about the evaluatee including the identity and location of the evaluatee's relatives, if known *and document the information in block 3 of the CC/DC 13 (petition)*.
- The officers will leave the *emergency facility* and return to normal duty unless the patient is violent and the *emergency facility personnel* requests that the officers remain. If the request is made, the officers will advise their supervisor of the request.
- The officers must remain at the *emergency facility* until their supervisor has responded to the *emergency facility personnel's* request. If the evaluatee is violent, the supervisor will direct the officers to remain at the hospital. When officers are requested to remain at the *emergency facility*, it is the responsibility of the attending physician to examine the evaluatee as promptly as possible (*MD Code, Health General Article 10-620*).
- An evaluatee must be examined within 6 hours after being transported to the emergency facility and may not be detained for longer than 30 hours from the time of arrival at the *emergency facility* (*MD Code, Health General Article 10-620*).
- If the examining physician certifies the evaluatee, the physician shall place the evaluatee in an appropriate facility. Once a physician has placed an evaluatee, the physician will contact the private ambulance company which is under contract with the *emergency facility*. The private ambulance service will transport persons certified for commitment *to a specialty referral center*.
- For all officer-initiated petitions*, whether the evaluatee is certified or not, officers will complete the appropriate *incident* report (2942 - Mental Illness) *and an MCP 922 (Mental Health Consumer Report)*.

IX. Transporting Aggressive Patients with a Mental Disorder

The transporting of patients with *a* mental *disorder* requires officers to exercise caution to avoid possible injury to themselves or the evaluatee. Officers will use their own judgment to determine the most appropriate method of restraint. Officers should consider ankle cuffs, and waist chains (in addition to handcuffs) based on their assessment of the evaluatee. In situations where the transporting officer deems the patient "aggressive," the following procedures apply:

- Request an *ALS (Advanced Life Support)* ambulance via ECC.
- Assist Fire/Rescue personnel with the application of appropriate restraints (e.g., tie-down stretcher, restraints, etc.).
- One police officer will ride inside the ambulance, and a second officer will follow behind in a cruiser.

4. Officers will document the transport on the *MCP 922*. *Officers will forward the MCP 922 along with the incident report and petition (if applicable) via interoffice mail to the Crisis Response and Support Section*

X. *Police Service of Hospital Warrants*

Pursuant to 3-101(e) of the Criminal Procedure Article, Annotated Code of MD, a hospital warrant authorizes any law enforcement officer in the state to apprehend the individual and transport the individual to the designated facility specified in the hospital warrant. The individual is not presented to the court prior to transport to the designated healthcare facility. The facility listed in the warrant will be a state psychiatric hospital or designated healthcare facility. The individual is not taken to a detention center prior to transport to the designated healthcare facility/hospital.

XI. *Warrant Arrests of Suicidal/Persons with an Altered Mental State*

- A. *Occasionally, Officers will come across persons who, upon being arrested on a warrant, will present suicidal thoughts or symptoms of a mental disorder. For the purposes of this directive, the following definitions will apply to persons who are arrested and processed at the Central Processing Unit (CPU):*

Injury: A medical condition that requires an arrestee to have immediate medical treatment, such as broken bones, severe lacerations and/or medical conditions that medical staff at CPU are unable to care for/stabilize without additional medical support (e.g. re-setting of bones, stitching, acute overdose of alcohol/drugs).

Illness: A medical condition that requires long-term medical treatment that medical staff at CPU can manage and/or treat via regular medical appointments off-site or with on-site medical equipment and support (ex. HIV, mental health disorder, COPD).

- B. *If upon being taken into custody for a warrant, it is determined that the arrestee has injuries that would require immediate medical treatment, then the officer will request evaluation and transport by Fire/Rescue personnel. An officer will maintain custody of the arrestee until medically cleared through the hospital upon discharge, the officer will take possession of all medical release discharge documents and present the arrestee along with discharge paperwork to the CPU staff for processing. Any and all injuries will be documented via an incident report, supplement and CPU 513. If possible, officers should take photographs of injuries.*
- C. *If, when taken into custody for a warrant, the arrestee expresses suicidal thoughts, ideations, signs, or symptoms of a mental health disorder, the arrestee will be transported to CPU for processing. Officers will notify CPU staff of the arrestee's suicidal gestures/altered mental state upon arrival to CPU. Once the arrestee is seen by the district court commissioner and booked in, CPU staff will coordinate transportation to the Crisis Intervention Unit (CIU) at the Montgomery County Correctional Facility (MCCF) for Mental Health treatment/stabilization. If the arrestee is seen by the commissioner and released on their own recognizance, CPU staff will make every effort to have the arrestee seen by the CPU Clinical Assessment and Triage Services (CATS) team. CATS personnel will complete an evaluation for emergency petition (CC-DC 13,14) if required, and request police respond to transport the individual to an emergency facility. It is important to realize the individual in this case is no longer in criminal custody and the petition should be served in routine fashion. Any suicidal gestures or symptoms of a mental disorder that an arrestee in custody presents should be documented in the event report, supplement and/or the CPU 513.*
- D. *If an emergency petition is presented to an officer and the individual has a warrant, the emergency petition will take precedent and the individual will be transported to the emergency facility and a*

hospital guard detail will be initiated in accordance with FC 812 (Prisoner Guard Detail at Hospitals) until the arrestee is medically stable/cleared after which the warrant will be served, and the arrestee will be taken to the CPU. The officer will take possession of all medical release discharge documents and present the arrestee along with discharge paperwork to the CPU staff for processing.

XII. Documentation and Reporting

A. Officer/Civilian Initiated Petitions

The officer will complete an incident report and MCP 922. The clearance code (2942) will be used for all officer-initiated petitions and petitions obtained by citizens, this will allow the Crisis Response and Support Section (CRSS) to track all related mental health police calls. Officers will forward copies of the emergency petition and the MCP 922 (if applicable) to CRSS, Community Resources Bureau.*

B. MCP 922

An MCP 922 (Mental Health Consumer Report) will be used by officers to document contacts with consumers. The MCP 922 is a means for the CRSS to document mental health contacts with the police when incident reports are not required. Officers will forward the MCP 922 to the CRSS, Community Resources Bureau.

C. Transports

The EEP Service/Transport clearance code (2950) will be used when an officer receives an emergency petition from mental health professionals identified in Section I of this directive and is only for transporting the evaluatee to an emergency facility for evaluation. This clearance would be applicable when transporting from locations such as the Crisis Center, mental health clinics and/or treatment centers. Officers utilizing this clearance code will complete an MCP 922 and forward copies of the emergency petition and MCP 922 to CRSS, Community Resources Bureau.*

XIII. Resolution of Issues Between the County Police and the Sheriff's Office

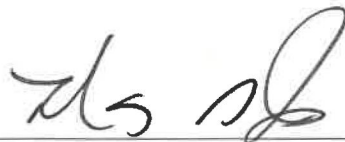
Problems arising related to this directive will be resolved via the director of the Crisis Response and Support Section, CIT Coordinator, Community Resources Bureau Chief, or designee.

XIV. CALEA Standards: 1.2.1, 41.2.7, 70.2.1, 70.3.1, 70.3.2, 74.2.1, 74.3.1, 81.2.4

XV. Proponent Unit: Crisis Response and Support Section

XVI. Cancellation

This directive cancels Function Code 921, effective date 06-10-2005, Information Bulletin 14-01 and Training Bulletin 07-03



Marcus G. Jones
Chief of Police