Annapolis Police Department

GENERAL ORDER	**Number: C.23** **Issue Date:** **January 2025**

TO: All Agency Personnel

SUBJECT: Response to Persons Affected by Mental Illness or in Crisis

PURPOSE

Responding to situations involving individuals who officers reasonably believe to be affected by mental illness or in crisis carries potential for violence.; It requires an officer to make difficult judgments about the mental state and intent of the individual,; and necessitates the use of special police skills, techniques, and abilities to effectively and appropriately resolve the situation, while avoiding unnecessary violence and potential civil liability. It is the purpose of this policy to provide guidance to law enforcement officers when responding to or encountering situations involving persons displaying behaviors consistent with mental illness or crisis. The goal shall be to de-escalate the situation safely for all individuals involved when reasonable, practical, and consistent with established safety priorities.

POLICY

In the context of enforcement and related activities, officers shall be guided by state and federal law regarding the detention of persons affected by mental illness or in crises. Officers shall use this policy to assist them in determining whether a person's behavior is indicative of mental illness or crisis and to provide guidance, techniques, and resources so that the situation may be resolved in as constructive and humane a manner as possible.

DEFINITIONS

Americans with Disabilities Act (ADA): Protects individuals with disabilities. An individual with a disability is someone who:

1. has a physical or mental impairment that substantially limits one or more major life activities;
   a i.e., the ability to communicate, hold a job, or care for themselves
2. has a history or record of such impairment; or
3. is perceived by others as having such impairment.

The term "substantially limits" means a condition that significantly restricts a person's ability to perform a major life activity compared to the average person. It is intended to be understood broadly and not to be restrictive.

Court*:* A district court or circuit court of Maryland.

Crisis*:* An individual's emotional, physical, mental, or behavioral response to an event or experience that results in trauma. A person may experience crisis during times of stress in response to real or perceived threats and/or loss of control and when normal coping mechanisms are ineffective. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a "fight or flight" response. Any individual can experience a crisis reaction regardless of previous history of mental illness.
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Emergency Evaluee: An individual for whom an emergency evaluation is sought or made under Md. Ann. Code, Health-General Article, §§ 10-620 through 10-630.

Mental Disorder: means the behavioral or other symptoms that indicate a clear disturbance in the mental functioning of another individual.

Mental Illness: An impairment of an individual's normal cognitive, emotional, or behavioral functioning, caused by physiological or psychosocial factors. A person may be affected by mental illness if he or she displays an inability to think rationally (e.g., delusions or hallucinations); exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); and/or take reasonable care of his or her welfare with regard to basic provisions for clothing, food, shelter, or safety.

Peace Officer: A sheriff, a deputy sheriff, a state police officer, a county police officer, a municipal or other local police officer, or a Secret Service Agent who is a sworn special agent of the United States Secret Service or Treasury Department authorized to exercise powers delegated under 18 U.S.C. § 3056.

I. Police Communications Operators (PCOs) Responsibilities

A. The quality of information gathered by the PCOs can affect the way officers respond to and resolve a call for service. This includes those calls involving persons who may have mental illnesses. Gathering information is critical at all stages in assessing these situations, but is particularly critical at the onset.

B. When the Department receives a call concerning the actions or behavior of someone who may have a mental illness, it is essential that the PCO collect the information that will prepare an officer to respond to the scene, such as:

1. The nature of the problem behavior;

2. Events that may have precipitated the person's behavior; and
3. The presence of weapons

C. A family member, friend, or concerned party calling about someone who needs help in accessing mental health may volunteer additional information such as:

1. Past occurrences of this and/or other abnormal behaviors;
2. Past incidents involving injury or harm to the individual or others:
3. Prior suicide threats;
4. Reliance on medication or failure to take medication;
5. Relatives, friends, or neighbors available to assist officers: and
6. Physicians or mental health professionals available to assist officers.

D. PCOs should provide all relevant background information to responding officers. PCOs will have ready access to contact and referral information for available community mental health resources and authorized emergency evaluation facilities and, upon request, will provide such information to officers or citizens.

II. Recognizing Abnormal Behavior

A. Only a trained mental health professional can diagnose mental illness, and even they may sometimes find it difficult to make a diagnosis. Agency personnel are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are indicative of persons affected by mental illness or in crisis, with special emphasis on those that suggest potential violence and/or danger. The following are generalized signs and symptoms of behavior that may suggest mental illness or crisis:

1. Strong and unrelenting fear of persons, places, or things. Extremely inappropriate behavior for a given context.
2. Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.
3. Abnormal memory loss related to such common facts as name or home address (although these may be signs of other physical ailments such as injury or Alzheimer's disease).
4. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ") or paranoid delusions ("Everyone is out to get me").
5. Hallucinations of any of the five senses (e.g., hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors); and/or
6. The belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.

B. Agency personnel should not rule out other potential causes of abnormal behavior, such as reactions to alcohol or psychoactive drugs abuse, temporary emotional disturbances that are situational, or medical conditions.

III. Common Encounters With A Person With Mental Health Issues

A. Agency personnel should always be prepared to encounter a person with mental health issues.

B. Below are some situations agency personnel may encounter someone with a mental health issue:

1. Wandering
2. Engaged in repetitive or bizarre behavior
3. Seizures
4. Disturbances
5. Offensive, aggressive or suspicious persons
6. Walk in warrants
7. In person records request
8. Community service events

IV. **<u>Assessing Risk</u>**

A. Most persons affected by mental illness or in crisis are not dangerous and some may only present dangerous behavior under certain circumstances or conditions. Agency personnel may use several indicators to assess whether a person who reasonably appears to be affected by mental illness or in crisis represents potential danger to himself or herself, the officer, or others. These include the following:

1. The availability of any weapons.
2. Statements by the person that suggest that he or she is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendo to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.
3. A personal history that reflects prior violence under similar or related circumstances. The person's history may already be known to the officer or family, friends, or neighbors might provide such information.
4. The amount of self-control that the person has, particularly the amount of physical control over emotions of rage, anger, fright, or agitation. Signs of a lack of self-control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching oneself or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.
5. The volatility of the environment is a particularly relevant concern that officers must continually evaluate. Agitators that may affect the

person or create a particularly combustible environment or incite violence should be taken into account and mitigated.

6. Failure to exhibit violent or dangerous behavior prior to the arrival of the officer does not guarantee that there is no danger, but it might diminish the potential for danger.
7. An individual affected by mental illness or emotional crisis may rapidly change his or her presentation from calm and command-responsive to physically active. This change in behavior may come from an external trigger (such as an officer stating "I have to handcuff you now") or from internal stimuli (delusions or hallucinations). A variation in the person's physical presentation does not necessarily mean he or she will become violent or threatening, but officers should be prepared at all times for a rapid change in behavior.

V. Response to Persons Affected by Mental Illness or in Crisis

A. If the officer determines that an individual is exhibiting symptoms of mental illness or is in crisis and is a potential threat to himself or herself, the officer, or others, or may otherwise require law enforcement intervention as prescribed by statute, the following responses should be considered:

1. Request a backup officer. Always do so in cases where the individual will be taken into custody.
2. Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing with the individual. Where violence or destructive acts have not occurred, avoid physical contact, and take time to assess the situation. Officers should operate with the understanding that time is an ally and there is no need to rush or force the situation.
3. Move slowly and do not excite the person. Provide reassurance that the police are there to help and that the person will be provided with appropriate care.
4. Communicate with the individual in an attempt to determine what is bothering him or her. If possible, speak slowly and use a low tone of voice. Relate concern for the person's feelings and allow the person to express feelings without judgment. Where possible, gather information on the individual from acquaintances or family members and/or request professional assistance if available and appropriate to assist in communicating with and calming the person.
5. Do not threaten the individual with arrest, or make other similar threats or demands, as this may create additional fright, stress, and potential aggression.

6. Avoid topics that may agitate the person and guide the conversation toward subjects that help bring the individual back to reality.
7. Always attempt to be truthful with the individual. If the person becomes aware of a deception, he or she may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger. In the event an individual is experiencing delusions and/or hallucinations and asks the officer to validate these, statements such as "I am not seeing what you are seeing, but I believe that you are seeing (the hallucination, etc.)" is recommended. Validating and/or participating in the individual's delusion and/or hallucination is not advised.
8. Request assistance from individuals with specialized training in dealing with mental illness or crisis situations (e.g., Crisis Intervention Training (CIT) officers, community crisis mental health personnel, Crisis Negotiator).

B. If agency personnel come in contact with a person suffering from mental illness they should ensure their safety, recognize and assess, and notify police personnel for assistance.

VI. Taking Custody or Making Referrals to Mental Health Professionals

Based on the totality of the circumstances and a reasonable belief of the potential for violence, the officer may provide the individual and/or family members with referral information on available community mental health resources, or take custody of the individual in order to seek an involuntary emergency evaluation. Officers should do the following:

A. Offer mental health referral information to the individual and or/family members when the circumstances indicate that the individual should not be taken into custody. Assist in arranging voluntary admission to a mental health facility if requested. Notify Mobile Crisis and seek assistance.

B. Continue to use de-escalation techniques and communication skills to avoid provoking a volatile situation once a decision has been made to take the individual into custody. Remove any dangerous weapons from the immediate area, and restrain the individual if necessary. Using restraints on persons affected by mental illness or in crisis can aggravate any aggression, so other measures of de-escalation and commands should be utilized if possible. Officers should be aware of this fact, but should take those measures necessary to protect their safety. If an officer is taking an evaluee into custody, handcuffs will be used.

VII. <u>Petition for Emergency Evaluation</u>

A. A petition for emergency evaluation of an individual may be made only if the petitioner has reason to believe the individual presents a danger to the life and safety of the individual or others. The petition for emergency evaluation of an individual may be made by:

1. A physician, a psychologist, a clinical social worker, a clinical professional counselor or a health officer or designee of a health officer who has examined the individual;
2. A peace officer who personally has observed the individual or the individual's behavior; or
3. Any other interested party.

B. A peace officer who makes a petition for emergency evaluation commitment may base the petition on**:**

1. The examination or personal observation; or
2. Other information that may come from third parties that is pertinent to the factors giving rise to the petition.

C. When a petition for emergency evaluation is warranted, the officer will complete a Petition for Emergency Evaluation. The petition should contain a description of the behavior and statements of the emergency evaluee or any other information that led the petitioner to believe that the emergency evaluee has a mental disorder and that the individual presents a danger to the life and safety of the individual or others. The petition should further contain any other facts that support the need for an emergency evaluation. The original will be given to the nurse assigned to that patient and a copy will be submitted to Records with the Incident Report. All emergency evaluation notifications will be communicated to CIT via email and appropriately documented.

D. After the evaluee is taken to the appropriate medical facility:

1. Complete the petition for emergency;
2. If the evaluee is not violent, the officer may leave the hospital after the doctor or admitting nurse is notified. Hospital security should be notified before leaving.
3. If the evaluee is violent or a physician asks the officer to stay, the officer shall contact their supervisor who will then respond and determine if the officer's continued presence is necessary.
4. In making this determination, the supervisor should consider the involuntary nature of the petition and the evaluee's potential for violence. Consideration should also be given to the evaluee's past actions and propensity for violence and the supervisor's personal observations of the evaluee.
5. If the supervisor determines that the officer's presence is necessary, the officer shall remain at the facility. The supervisor will inform the physician that they are required to examine the evaluee as promptly as possible.

6. If the supervisor determines that the officer's presence is not necessary, the officer may leave. The physician or the admitting nurse and hospital security shall be notified prior to the officer's departure.

E. When a juvenile has been taken into custody for emergency evaluation pursuant to a court order, petition signed by a competent mental health authority, or on a peace officer's observations, the juvenile's parent or guardian shall be notified to respond to the medical facility as soon as possible.

F. The officer will complete an Incident Report and attach a copy of the emergency petition to the report. If the evaluee is a juvenile, the officer will need to complete an Incident Report and attach a copy of the emergency petition to the report. The evaluee will be handcuffed and transported as outlined in **General Order C. 18.**

VIII. Criminal Charges/Arrested Persons

A. If the evaluee is also under arrest for criminal charges, the officer will transport the individual to the designated medical facility and remain with the individual until there is a disposition on the petition.

B. If the individual is not committed to the medical facility, the evaluee will be transported to the Anne Arundel County Detention Center for processing of criminal charges.

C. If the evaluee is committed to the medical facility, the supervisor will be notified. The supervisor will determine if the charges against the evaluee will be deferred or if the charges are of a serious nature and security will be required until the evaluee is discharged.

D. If the charges are not determined to be serious in nature and the arresting officer will be completing an application for charges, the arresting officer will release the prisoner from custody for treatment and will request that the medical staff notify the Department of the impending discharge of the admitted patient. Officers should keep in mind that the medical staff is not required to release such information. If the evaluee is released from custody and turned over to the medical facility for evaluation purposes the arresting officer will immediately complete an Application for Charges on the criminal charges anticipating that a warrant or summons will be issued prior to the patient's discharge from the hospital. A copy of the warrant will be immediately taken to the hospital to use as a detainer.

IX. Interview and Interrogations for Persons with Mental Health Illness

A. Officers attempting to conduct an interrogation with an individual with mental health issues should consult with the State's Attorney's Office to determine the proper course of action regarding the interrogation and advisement of Miranda Rights. Officers should also be cautious not to exploit the individual's vulnerability or suggest answers.

B. If the person with mental health issues is a witness, during the interview officers should:
   a. Use simple straightforward language.
   b. Recognize that the individual might be easily manipulated and highly suggestable.
   c. Being aware of the person's mental health condition might have an impact on their communication, perception, and behavior.
   d. Allow extra time for the person to articulate thoughts or manage emotional reactions.
   e. Notate any unusual behaviors, mood swings, or cognitive impairments to ensure accurate interpretation of their statements.
   f. Not interpret lack of eye contact or strange actions as indications of deceit.
   g. Not employ common interrogation techniques, suggest answers, attempt to complete thoughts of persons slow to respond, or pose hypothetical conclusions.

IX. Court Ordered Petitions

A. Officers are required to serve petitions which are properly executed by a Maryland court or have been signed and submitted by a physician, a psychologist, a clinical social worker, a licensed clinical professional counselor, a health officer or designee of a health officer. If the petition has been endorsed by the court, it must have been endorsed within the last five (5) days.

B. Petitions from the court not served within five (5) days will be returned to the Records Section to be returned to the court with an indication of "Not Served".

C. When petitions are received and the person who is the subject of the petition is not immediately available, officers will attempt to develop information concerning the best way to take the person into custody. This information may be obtained from the physician, other petitioner, or from the person's relatives or friends.

D. When dealing with court ordered petitions, Incident Reports are **only** required when there are: 1) pending criminal charges; 2) criminal charges; 3) a use of force incident; 4) as directed by a supervisor; or 5) the officer believes that a report would be appropriate.

X. Available Mental Health Resources

There are several community mental health resources available to the officer.

A. The Anne Arundel County "Warm" Line: Police Line Only (410-590-4932) Community Hotline (410-768-5522) The warm line is open 24 hours a day, 7 days a week and can assist the officer with appropriate referrals. The officer should call the warm line and talk to a counselor about the situation. The counselor can assist

with housing, therapy, and mental health evaluations. They also have a Mobile Crisis Team that may be able to respond to the scene and assist in evaluating the person.

B. Anne Arundel County Mental Health (410-222-7858)

C. State Mental & Health Hygiene (877-463-3464)

D. Anne Arundel Medical Center (443-481-6810)

E. Baltimore Washington Medical Center (410-787-4565)

F. YWCA (410-222-6800) The Domestic Violence Hotline is an available resource to officers for domestic related issues. The Sexual Assault & General Crisis Hotline is a 24 hours a day, 7 days a week resource to officers for sexual assault and general crisis counseling issues. (410-222-7273 or 410-222-RAPE)

G. Department of Social Services (410-421-8400)

XI. Training

A. Training on this policy will be conducted for all sworn entry level personnel during GAP training. This training will be documented.

B. Training on this policy will be conducted for all Police Communication Operators and any other member who may come in contact with persons with mental illness during the initial training process.

C. Refresher training will be conducted annually for sworn personnel, Police Communications Operators, and any other member who may come in contact with persons with mental illness. This training will be documented.

XII. Reporting

A. Document the incident, regardless of whether or not the individual is taken into custody.
B. Ensure that the report is as detailed and explicit as possible concerning the circumstances of the incident and the type of behavior that was observed.
    a. Terms such as “out of control” or “mentally disturbed” should be replaced with descriptions of the specific behaviors, statements, and actions exhibited by the person.
C. The reasons why the subject was taken into custody or referred to other agencies should also be reported in detail.

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Edward C. Jackson
Chief of Police

References
1. Accreditation Standard 41.2.8, 41.2.7 2. Maryland Annotated Code, Health-General Article, §§ 10-620 and 10-622

Revision: This General Order replaces General order C.23 Responding to Person with Mental Illness dated March 2018.